



DEPARTMENT OF POLICE CITY OF WARREN

Raymond F. Zydonik, Chief of Police



APPLICATION FOR HANDICAPPED PARKING – RESIDENTIAL ONLY

Name:	Date:
Address:	Phone: (H)
	Phone: (C)

Do you Own Rent - If you rent, a letter of permission from the property owner is required to complete this process. Yes No Letter Attached?

Location of Space Requested if different from applicant's address:

If the requested location is not at the front, rear, or side of the applicant's address, a letter of permission from the affected property owner must accompany this application. Yes No Letter Attached?

ARE ANY OF THE FOLLOWING AVAILABLE AT THE REQUESTED LOCATION:

Off-Street Parking Driveway Garage Other - Explain Below

If any of the above are available, provide an explanation of why off-street parking cannot be utilized.

Name and address of Vehicle Owner: (as listed on the Vehicle Registration):

HP, PD, or SDV License Plate Number:

PA Placard Number:

List All Vehicles that will be used: Please include, Make, Model, Color and License Plate Number

If you require assistance with completing this form or another reasonable accommodation as defined by the American with Disabilities Act (ADA) please contact the City's ADA Coordinator at 814-723-6300.

Applicant Signature

Signature and relationship of Person
Completing Application if Not Applicant

For City of Warren Use Only

Approved

Work Order #

Date:

Disapproved for the following Reasons

Insufficient parking area available at residence; requires written agreement of abutting or affected property owner.

Off-Street, driveway parking, garage appears to be available at residence.

Providing HP reserved parking may create an undue inconvenience to other residents in the area.

No HP (handicap) or SDV (severely disabled veteran) License Plate or Placard

Current parking restrictions prohibit parking at this location

Other

Reviewed By:

Name and Title of City Official:

Comments

Resubmitted:

Date:

Approved

Disapproved

If Approved

Work Order #

Date: