



# Borough of Freemansburg

600 Monroe Street, Freemansburg, PA. 18017

Phone: (610)866-2220 Fax: (610)868-2402

## Persons with Disability or Severely Disabled Veteran Parking Permit Application

### Applicant Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(Town, State, Zip)

Phone Number: \_\_\_\_\_  
(Cell) (Home)

Email Address: \_\_\_\_\_

### Person with Disability or Severely Disabled Veteran (If same as Applicant enter "Same as Above")

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(Town, State, Zip)

Phone Number: \_\_\_\_\_  
(Cell) (Home)

Email Address: \_\_\_\_\_



## Property Information

Location(s): \_\_\_\_\_  
(Street Name) (Nearest Cross Street)

Does property have any existing persons with disability or severely disabled veteran parking permit? \_\_\_\_\_

Does Property have Off-Street Parking? \_\_\_\_\_

Does Property have a Garage? \_\_\_\_\_

Does Property have at least 20 feet of road frontage? \_\_\_\_\_

## Vehicle Information

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

Pennsylvania registration plate that will be associated with Permit: \_\_\_\_\_

## Please Include the Following Attachments

Photocopy of a Pennsylvania driver's license or identification card.

Photocopy of the vehicle's registration associated with the application.

Photocopy of the vehicle's insurance card associated with the application.

Photocopy of the persons with a disability or severely disabled veteran placard or license plate.

Official Signed Notice from a PA Licensed Physician stating need for person with a disability or severely disabled veteran parking space.

Photocopy of PennDOT MV Form 145.



## Certification

I hereby certify that all the information contained in this application is accurate and true to the best of my knowledge. If a permit is issued, the Permittee must strictly adhere to the standards and provisions set forth by Borough or, Permittee may be subject to revocation of a permit.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*Below is for Administrative Staff Use Only*

### Application Compliance Checklist (Place a checkmark in the box if the applicant submitted the following)

Photocopy of a Pennsylvania driver's license or identification card.

Photocopy of the vehicle's registration associated with the application.

Photocopy of the vehicle's insurance card associated with the application.

Photocopy of the persons with a disability or severely disabled veteran placard or license plate.

An official signed notice from a PA Licensed Physician stating need for person with a disability or severely disabled veteran parking space.

Photocopy of PennDOT MV Form 145.

Application Fee: \_\_\_\_\_

Engineering Escrow (If Applicable): \_\_\_\_\_

Total Cost: \_\_\_\_\_

Council Approval: \_\_\_\_\_

Permit #: \_\_\_\_\_

