



Borough of Mount Penn
"The Friendly Borough"
John A. Becker Municipal Building
200 North Twenty-Fifth Street
Mount Penn, Reading, PA 19606-2091
Phone (610)779-5151 * Fax (610)779- 5221

MOUNT PENN BOROUGH HANDICAPPED PARKING SPACE POLICY

APPLICATION PROCESS

1. Any resident of Mount Penn Borough may make application to the Borough for a handicapped parking space only after acquiring a handicapped license plate or placard or a disabled veteran license plate.
2. A letter from applicant's physician must accompany the application form.
3. All applications shall be made to the Borough Hall.
4. Each applicant shall complete an application form and provide the Borough with all the information requested,
5. An incomplete application form may be denied by the Borough.
6. The Mayor upon receiving a completed form may request to visit the applicant to determine the exact nature of the disability and the location of handicapped sign placement.
7. The Mayor will review all applications and will make the determination regarding the granting of the handicapped space for a period of thirty days according to the Borough Code.
8. The Mayor will present the request to the Borough Council for approval to advertise said handicapped parking space.
9. After advertisement of the handicapped parking, Council will then make the final determination regarding the granting of a handicapped parking space.
10. The applicant will be charged for the cost of the handicapped parking signs, along with the installation of said signs.
11. In the event that the applicants are no longer in need of the handicapped parking space for any given reason, they are required to inform the Borough Office so that the signs can be removed.

12. If the applicant has obtained the handicapped parking space under false documentation, the sign will be removed immediately at the expense of the applicant. The cost of this will also include the cost of re-advertising for the removal of the sign and the attorney's fee for amending the ordinance.



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BOROUGH OF MOUNT PENN
APPLICATION FOR HANDICAPPED PARKING SPACE PERMIT

NAME

ADDRESS

PHONE

Email

HANDICAPPED LICENSE PLATE #

•HANDICAPPED PLACARD #

EXPIRATION DATE

REASON FOR REQUESTING A HANDICAPPED PARKING SPACE PERMIT:

_____ APPLICANT IS WHEELCHAIR-CONFINED

_____ PERSON REQUESTING PERMIT IS CARING FOR AN INDIVIDUAL WHO HAS A SEVERE

_____ PHYSICAL OR MENTAL DISABILITY (EXCLUDING PROFESSIONAL HEALTH-CARE GIVERS)

_____ APPLICANT IS UNABLE TO WALK A DISTANCE OF 50 FEET (APPLICANT MAY BE ASKED TO

_____ PERFORM THIS AND/OR PRODUCE DOCUMENTATION VERIFYING THIS CONDITION)

_____ APPLICANT HAS SEVERE CARDIOPULMONARY INSUFFICIENCY THAT
REQUIRES THE USE OF AMBULATORY OXYGEN

_____ APPLICANT REQUIRES THE USE OF PROSTHETIC DEVICES THAT RESTRICT
NORMAL AMBULATION

APPLICANT HAS OTHER PHYSICAL OR MENTAL LIMITATIONS THAT ARE
SEVERE ENOUGH

TO WARRANT A HANDICAPPED PARKING SPACE. PLEASE SPECIFY:

SIGNATURE

DATE