



City of Whiting

Residential Handicap Parking Permit Two Year Application

(Must reapply every two years)

Board of Public Works:
 Mayor Spebar
 Larry Jennings
 Mark Harbin

NEW

RENEWAL

DATE _____

| | |
|-------------------------------------|---|
| Name | Address |
| City, State, ZIP | Phone |
| Placard/License Plate Number | Auto: Year/Make/Model/Color (One Car ONLY) |

The City reserves the right to modify the terms of this handicap parking agreement when necessitated by public interest. Only one permit space per residence allowed. Applicant is subject to meeting or providing all the following to acquire an exclusive use public parking space:

Copy of license plate registration **and** placard

Applicant's auto registered to permit's address

Applicant/family member owns & drives automobile

Do you have a garage? Yes No 1 Car Garage 2 Car Garage

If yes, reason garage not being used _____

Useable off-street parking is not available at residence

A physical disability that requires the use of a wheelchair, a walker, braces, or crutches

Lost the use of one (1) or both legs

Blind (as defined in IC 12-7-2-21(2)) or visually impaired (as defined in IC 12-7-2-198).

A severe restriction in mobility due to a pulmonary or cardiovascular disability, or an orthopedic or neurological impairment

Applicant must have a State of Indiana BMV issued disability placard or license plate in order to obtain a permit for an exclusive space. A driver who regularly drives a person with a physical disability may obtain a placard from the BMV as described in the State Statutes below. However, this driver must reside with the disabled person to receive a City Permit.

"Person with a physical disability" means a person who has been issued a placard under IC 9-14-5 or a person with a disability registration plate for a motor vehicle by the bureau of motor vehicles under IC 9-18-22.

I swear or affirm under the penalties for perjury that the information in this application is true and correct. I also understand that if I purposely falsify information on this city document to obtain a handicap parking space, I shall immediately lose my handicap parking privilege. I grant consent to the City to enter and view the back yard of my property to verify eligibility for the permit. I understand that if any of the above information changes, including my need for a handicap space, that I, or a close relative, will promptly notify the Board of Public Works of those changes.

Attest/Signed: _____ **Print Name:** _____

(Office Use Only)

| | | |
|---|--|--|
| Date BPW Site Investigation Completed: | Date Permit Approved: | Space/permit identification number: |
| Date & Reason Permit Denied: | | Date of permit expiration: |
| Installation order (faxed to City Garage 473-4643) Date: | Removal order (faxed to City Garage 473-4643) Date: | |

(City Garage Use Only)

| | |
|---|--|
| Sign installed with permit number <input type="checkbox"/> | Installation Complete (faxed back to City Hall 473-4452) <input type="checkbox"/> |
| Curb marked for reserved space <input type="checkbox"/> | Date: |

| | |
|---|---|
| Sign removed with permit number <input type="checkbox"/> | Removal Complete (faxed back to City Hall 473-4452) <input type="checkbox"/> |
| | Date: |