CITY OF CHILLICOTHE

Office of Safety/Service 35 South Paint Street Chillicothe, Ohio 45601



Application for Residential Handicapped Parking Space

Note: This application must be completed and all necessary documentation attached prior to any consideration for a residential handicapped parking space.

Applicant'	s Information:					
Name:		Address:				
Telephone:		SSN:	DC	DOB:		
Vehicle In	formation:					
Do you hav		icapped License Plate or I YES	Placard" issued by the Sta NO	te of Ohio?		
required in			this special plate or placa ss your application. If yo			
Year	Make	Model	License Plate Number	Plate Expiration Date		
Placard Number		Placard Expiration	n Date			
Complete th	ne following inforr	nation if the vehicle owne	er is not the applicant:			
Vehicle Owner		Address	Rela	Relationship to Applicant		
Medical Ir	nformation:					
In your own	n words describe y	your current medical cond	lition that requires special	parking privileges:		

Physician's Name		Address	Telephone
Parking Information:			
Explain the reason why on-stre	et parking	is needed:	
Do you have off-street parking	available?	VES NO	(mark one)
Do you have on-street parking	avallable?	YES NO	(mark one)
	,	• • •	Chillicothe requires the applicant rtation needs. Please explain:
			-
Describe the closest on-street	oarking loca	ation which would be most su	ited for your needs:
besonde the diesest on street	parking root	Attorn, without would be those su	ned for your needs.
Application Processing:			
Approval: YES	_ NO		Date:
		Service/Safety Director	
	NO		
YES		OLI 6 6 D II	Date:
YES		Chief of Police	Date:
YES	_ NO		Date: Date:
YES	_ NO	Chief of Police City Engineer	
YES	_ NO		
YES Final Disposition of Applica	_ NO tion:		Date:
YES Final Disposition of Applica Date:	_ NO tion: A	City Engineer Application Approved	Date:
YES YES	_ NO tion: A	City Engineer Application Approved	Date: Application Denied

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NOTE:

This part of the application must be completed and all necessary documentation attached prior to any consideration for a Residential Handicapped Parking Space.

Diagram:

When off-street parking is available, City Ordinance (77-01) requires the applicant to include a detailed diagram with measurements showing on street parking is preferable to the available off-street parking. The diagram should show the comparison information between your current parking location vs. your requested parking location to include: distances from parked vehicle to doorways, number of steps to be climbed, door locations and door widths, etc... The diagram should be completed prior to submission to your doctor for his review. Please provide the diagram in the space provided below.

Doctor's Statement of Need:

City Ordinance (77-01) requires "The applicant shall provide a notarized physician's statement on a form prescribed by the City of Chillicothe stating the applicant's medical condition is so severe that a handicapped parking space as close as possible to the applicant's residence is necessary to assist in transportation to and from the residence" in order to process your application. The physician's statement must be completed in the area provided below and will be considered confidential.

<u>Information for the Physician</u>, City Ordinance defines: "Severely handicapped person means 'any' person who has lost the use of one or both legs, or one or both arms, or is so severely handicapped as to be unable to move about without the aid of crutches or wheelchair, or whose mobility is severely restricted by a permanent cardiovascular, pulmonary, or other handicapped condition."

Please indicate provided below:		condition	that would	d qualify	this a	pplicant	for c	onsideration	in the	space
I have reviewed believe the appl possible to the a	icant's medic	al conditior	is so seve	ere that a	a handid	capped p	oarking	g space as c	lose as	
Physician	n's Signature			Date	_					

General Information:

- 1. Residential Handicapped Parking Permits must be renewed annually for the person to whom the space was originally issued. The renewal must be requested thirty days in advance of the expiration of the permit following the same procedure required in the original application.
- 2. If for any reason, the person to whom it was originally issued no longer needs the parking space, the handicap parking symbol, space, and sign will be removed by the City of Chillicothe. Permits are not transferable.
- 3. Only the vehicle identified in the application and assigned the permit may be parked within the boundaries of the handicapped space. The permitted vehicle must be parked fully within the boundaries of the handicapped space.
- 4. A residential handicap parking permit may be revoked upon a determination made after review by the Chief of Police and the Service/Safety Director that the privilege has been abused, misused, or for disregarding the rules set forth in the Ordinance; or for tampering with or altering the permit placard.