

Borough Use Only	
Application #:	_____
Date Received:	_____
Granted or Denied:	_____
Date Issued or Denied:	_____
Issued or Denied By:	_____
Date Fee Received:	_____
Amount of Fee: \$	_____
Date Sign installed:	_____

Borough of Everson
 232 Brown Street
 P.O. Box 4
 Everson, PA 15631

**APPLICATION FOR HANDICAPPED
 PARKING SIGN**

NAME: _____ DATE: _____

ADDRESS: _____

PHONE #: _____ EMAIL (optional): _____

SIGN LOCATION: _____

HP LICENSE # OR PLACARD #: _____ EXPIRATION DATE: _____

(If you have a handicapped licensed plate, you MUST include a copy of the vehicle owner's registration card. If you have a disability parking placard, you MUST provide a copy of the disability parking placard with your application.)

DISABILITY SECTION

**(TO BE COMPLETED BY PHYSICIAN OR YOU MAY SUBSTITUTE A LETTER FROM YOUR PHYSICIAN WHICH
 OUTLINES YOUR DISABILITY AND WHY YOU NEED A HANDICAPPED PARKING SPACE)**

Applicant's/Patient's Name: _____

(a) TYPE OF DISABILITY (please specify):

(b) IS DISABILITY PERMANENT OR TEMPORARY? (If temporary, please give estimated length of time. If more than one disability, please indicate accordingly):

(c) TYPE OF MOBILITY AIDS USED:

- Wheelchair (Electric) Guide Dog Walker None
 Wheelchair (Manual) Crutches Cane
 Other (please specify): _____

Physician's Signature

Date

Physician's Name (Please Print)

Phone Number

Address

END OF PHYSICIAN SECTION

NEW Handicap Parking Sign Fees

Annual Permit Fee (Due with application and yearly)	\$ 25.00
Painted area in front of your house (1 time fee)	\$100.00
Sign with pole in front of your painted space with Handicap Parking Sign. (1 time fee)	\$50.00
Additional custom sign with your license plate # assigned to your spot (1 time fee)	\$25.00

Total Due: \$ _____