



OFFICE OF THE CITY ADMINISTRATOR

24 Kennedy Street-Bradford, PA 16701
Phone: (814) 362-3884 Ext.110
Fax (814) 368-3335

Dear Applicant,

Enclosed is the **APPLICATION FOR HANDICAPPED RESERVED PARKING**

which you must fill out and return to the City Administrator's Office in order to begin the process for a handicapped parking space. Also enclosed is the City of Bradford's Ordinance No. 3066 regarding "HANDICAPPED PARKING."

This application must be submitted along with the following required items:

- 1. A statement from your physician stating the disability that requires the necessity of this parking space in front of the property you rent or own.**
- 2. A side-view picture of your vehicle parked in the space you are requesting to be deemed 'HANDICAPPED PARKING.'**
- 3. A picture of your vehicle showing your license plate.**
- 4. If you are a renter, you must include a copy of your current lease which must be valid for one (1) year or more.**

When the above items are received by this office, an ad will be placed in the Bradford Era for a hearing on your petition. You will be responsible for the cost of the legal ad, the sign and the cost to erect the sign which totals approximately \$160.00. Once approved, these charges are to be paid at the time of the hearing.

You will be notified by mail of the date and time of the hearing which will be held in the City Administrator's Office. Your attendance at this meeting is mandatory.

Should you have additional questions, please feel free to contact me at 362-3884 Ext. 110.

Sincerely,

CITY OF BRADFORD

Eric Taylor
City Administrator

Encl.

CITY OF BRADFORD
APPLICATION FOR “HANDICAPPED RESERVE PARKING” PERMIT

INSTRUCTIONS: This application may be used by an individual who desires a “Handicapped Reserve Parking” Permit which, upon approval by the City Administrator, a special permit shall be issued designating a “Handicapped Reserve Parking” space.

APPLICANT INFORMATION:

Name: _____

Street Address: _____

Telephone Number: _____

License Plate Number of Vehicle: _____

This application shall be accompanied by a statement from one or more physicians describing in detail the applicant’s disability, forecasting its duration and recommending that a “Handicapped Reserve Parking” permit be issued.

This application shall also be accompanied by a photograph of the proposed “Handicapped Reserve Parking” space and vehicle with a description setting forth the projected dimensions of the space.

Additional information requested by the City Administrator _____

Please note that notice of the “Handicapped Reserve Parking” application shall, at the applicant’s expense, be once published in a newspaper of general circulation setting forth the location by street and the projected dimensions of the “Handicapped Reserve Parking” space.

The notice shall also set a time and place for public consideration of the application by the City Administrator. Public consideration of said “Application” shall not occur within seven (7) days from the date of published notice.

Signature of Applicant: _____ Date: _____

Approved by City Administrator: _____ Date: _____

Rejected by City Administrator: _____ Date: _____