



BOROUGH OF CONSHOHOCKEN
400 Fayette Street, Suite 200 Conshohocken, PA 19428
Phone (610) 828-1092 Fax (610) 828-0920

SPECIAL RESERVED PARKING SPACE PROGRAM

Program Policy, Criteria for Award, Procedures and Terms

POLICY:

The Borough of Conshohocken has established the criteria listed below as a general guideline and procedure to be utilized when resident requests are made for special parking privileges.

CRITERIA:

The criteria to be examined by the Borough in assigning "Special Reserved Parking Spaces" are as follows:

1. The applicant or, if different, the vehicle owner, must demonstrate that he or she is a licensed driver and has either a handicapped license plate or a handicapped placard issued by PennDOT. Provide a copy of license & placard. If the owner of the vehicle is a person other than the applicant, the owner must reside at the same location as the applicant and must submit a copy of the vehicle registration to verify owner's residence.
2. Appropriate medical evidence and records: the applicant shall submit a written statement from a treating physician, including a description of the applicant's physical condition, the limitations on mobility due to such condition, and the expected duration of the need for a special reserved parking space.
3. Impact on the neighborhood and surrounding community if the request were to be granted.
4. Is the request directly related to a severe hardship, which in some way seriously restricts the mobility and ambulatory functions of the applicant?
5. Are there options available to the homeowner/resident such as off-street parking, alleyway parking and the like, which could resolve the applicant's hardship?
6. An examination of the personal circumstances of the applicant including retirement status, driving ability and other like factors.
7. Applicant will be given an opportunity to meet with the Special Parking Committee and orally present his or her request, should the application be judged to fall outside of the program criteria.

PROCEDURES:

The procedure to be followed in dealing with requests for a special reserved parking space as follows:

1. The application for a Special Reserved Parking Space will be submitted to assigned staff at the Conshohocken Borough Administration Office.

2. Borough staff will assess the application in terms of the criteria established for the Special Reserved Parking Space Program. An interview at the resident's home will be scheduled* and a determination will be made regarding the provision of the requested reserved space.
***Please ensure all animals are restrained during the home interview.**
3. A full report of the review and determination of whether or not the applicant meets the program criteria will be forwarded to the Council Person in whose Ward the applicant's property is located.
4. Where a determination has been made that the applicant does not meet the criteria for a Special Reserved Parking Space, a meeting with the Special Parking Committee will be scheduled, at which time the applicant may orally present the Committee with his or her reasons why a Special Reserved Parking Space should be approved. The Committee may, in its discretion, either grant or deny the application based upon the applicant's presentation and after consideration of the circumstances presented. The Committee shall render its decision and notify the applicant immediately following the applicant's presentation, or shall notify the applicant in writing no later than five (5) days after the meeting.
5. The decision of the Special Parking Committee will be forwarded to Conshohocken Borough Council.
6. In the event that the Special Parking Committee denies an application for a Special Reserved Parking Space, following the applicants presentation, the applicant may appeal the denial to Borough Council, in writing, within ten (10) days of the Committee's action, if taken at the Committee's meeting, or within ten (10) days of the date of the Committee's written notification to applicant that the applicant was denied. Borough Council shall consider the appeal no later than forty-five (45) days after receipt of the appeal.
7. Following a determination that a Special Reserved Parking Space should be granted relevant information will be forwarded to the Superintendent of Public Works for sign installation.
8. The exact location of the reserved space and its signage, in front of the applicant's residence, shall be determined by the Conshohocken Public Works Department.

TERMS:

Terms of the Special Reserved Parking Space Program are as follows:

1. The initial term of the special parking space is one (1) year.
2. After the initial term, a yearly renewal certification must be filed and all information verified.



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SPECIAL RESERVED PARKING SPACE PROGRAM

Date: _____

Applicant Name: _____

Telephone Number: (_____) _____

Address: _____

City, State Zip: _____

Name of Individual in Need of Special Reserved Parking: _____

Address at which the reserved parking space is to be installed:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Please describe any physical condition which supports your request for a reserved parking space:

2. Explain why you need a reserved parking space:

3. Do you use any assistive devices:

Yes No

If yes, what devices do you use?

5. Do you have a garage or other off street parking available:

Yes No

6. License plate number of the vehicle to occupy the special reserved space:

7. In whose name is this vehicle registered: _____
(attach a copy of registration)

8. Does the vehicle have a handicapped license plate or use a handicapped placard:
 Yes No *(attach a copy of placard if used)*

9. If the vehicle is not registered to the individual in need of the special reserved parking space, please explain why a special reserved parking space is needed:

Applicant's Signature: _____ Date: _____

Return to: Borough of Conshohocken
 Attn: Specially Dedicated Parking Space Program
 400 Fayette Street, Suite 200
 Conshohocken, PA 19428
 phone: 610-828-1092 fax: 610-828-0920



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MEDICAL QUESTIONNAIRE
 (To Be Completed By a Physician)

Date: _____ Physician: _____

Patient: _____ Diagnosis: _____

Physical Capacities and Limits:

Standing _____ Hours Sitting _____ Hours Walking _____ Hours

Lifting _____ Hours

- Light Work: Lifting 10-20 Pounds Maximum
- Medium Work: Lifting 25-50 Pounds Maximum
- Heavy Work: Lifting 50-100 Pounds Maximum

	Yes	No	How Often
Driving	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reach Overhead	<input type="checkbox"/>	<input type="checkbox"/>	_____
Position Change	<input type="checkbox"/>	<input type="checkbox"/>	_____
Climb	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bend from Waist	<input type="checkbox"/>	<input type="checkbox"/>	_____
Squat/Stoop	<input type="checkbox"/>	<input type="checkbox"/>	_____
Push/Pull with Legs	<input type="checkbox"/>	<input type="checkbox"/>	_____

Medications taken at present: _____

Are Special Parking Privileges Necessary: Yes No

Physicians Comments:

Does Patient Work? Yes No If yes, describe work: _____

Date Patient Last Seen: _____

I, the undersigned physician, verify that the statements contained herein are true and correct to the best of my knowledge, information and belief. I also understand that the statements herein are made subject to the penalties of 18 PA CS Section 4904 relating to unsworn falsifications to authorities.

 Physicians Signature

Authorization for Release of Personal Health Information

Important Information Regarding Your Rights

- You may refuse to sign this form.
- Signing this form may not be considered a condition of enrollment, or a requirement to receive benefits.
- This authorization may be revoked anytime prior to its expiration date by notifying the company or companies named below in writing. The Revocation will not have any effect on actions taken or information provided prior to the receipt of the revocation.
- The company or companies named below may re-disclose the information provided pursuant to this authorization. However, you have the right to seek assurances from the company or companies that the information will not be re-disclosed.

Any facsimile, copy or photocopy of this authorization shall authorize you to release the records requested herein. This authorization shall be in force and effect until two years from date of execution at which time this authorization expires.

Information Regarding the Use and Disclosure of Your Personal Health Information

I authorize the use of disclosure of my individual identifiable health information as described below. I understand that this authorization is voluntary and that I may revoke it at any time by submitting a revocation in writing to the persons/organizations providing this information.

Patient Name: _____ ID Number: _____

Persons/organizations authorized to provide the information: _____

Persons/organizations authorized to receive the information:

Conshohocken Specially Dedicated Parking Space Program

Specific description of information to be used or disclosed:

Any and all information to support the need for a dedicated parking space.

Signature of patient or patient's representative: _____

Date: _____

Printed name of patient or patient's representative: _____

Daytime telephone of patient or patient's representative: _____