



MILLERSVILLE BOROUGH HANDICAP PARKING SIGN APPLICATION INSTRUCTIONS AND REQUIREMENTS

Prior to submitting an application for a handicap parking space to the Borough office, applicant must have a valid and current handicap placard or license plate issued by the PA Department of Transportation. For information on this requirement, call 717-412-5300 or visit www.dmv.pa.gov, click on "Services" and search for "[Persons with Disability Parking Placard](#)". *The Borough cannot assist with this part of the process.*

ELIGIBILITY REQUIREMENTS:

To qualify for a handicap parking space in front their residence, the applicant must meet ALL of the following criteria:

1. **Applicant must own the vehicle being registered**
2. **Applicant must possess a current state issued handicap placard or license plate**
3. **Applicant must be the property owner or obtain permission from the property owner**
4. **Applicant must have a valid PA driver's license**
5. **Applicant must not have access to off-street parking.** If off-street parking (such as a driveway in front of the home) is available at the address, the application will be denied. Applicants residing in apartments will be evaluated on a case-by-case basis.

REQUIRED DOCUMENTATION

Submit the following documents with your completed application:

1. **Photocopy of vehicle registration** (proving vehicle ownership)
2. **Copy of current state-issued handicap placard AND blue wallet ID card**
3. **Photocopy of valid PA driver's license**
4. **Clear photograph(s) of the requested parking space location**
5. **Letter of permission from property owner** (if applicant is not the property owner)
6. **Completed application form with application fee**

Note: An incomplete application will be returned to the applicant for resubmission.

LOCATION AND INSTALLATION REQUIREMENTS

The requested handicap parking space must meet these specifications:

- Minimum of twenty (20) feet is required for installation of a handicapped parking space
- Must be within the on-street property lines of the applicant's residence
- Must allow for fifteen (15) feet of clearance on either side of a fire hydrant
- Must allow for ten (10) feet of clearance on either side of a mailbox
- Must not infringe on parking spaces for adjoining properties

IMPORTANT INFORMATION TO REMEMBER

- **Public Use:** The installation of a handicap parking sign does not entitle the applicant to a private parking space. Anyone with a valid handicap placard or plate has the right to park in the space.
- **Parking Restrictions Apply:** Handicap parking spaces are subject to and must adhere to all parking restrictions as posted or announced, such as: street cleaning, leaf pick-up, snow removal, declarations of a snow emergency, etc.
- **Annual Renewal Required:** All handicap spaces must be renewed annually (valid January 1 through December 31). There is no fee for the renewal. Renewal forms are mailed in November and must be returned by December 31 or the handicap sign will be removed.
- **Reinstallation:** If the sign is removed and needs to be reinstalled, the applicant will be required to go through the application process again and pay the required application fee.
- **Sign Removal:** If at any time the sign is no longer needed, applicants must immediately notify the Borough for removal. All signs are the property of Millersville Borough.

The application is available on the Borough website (www.millersvilleborough.org) under "Forms & Documents"



MILLERSVILLE BOROUGH HANDICAP PARKING SIGN APPLICATION

Permit #

PRINT LEGIBLY AND COMPLETE THIS FORM IN ITS ENTIRETY

DATE OF APPLICATION: _____

FEE INFORMATION

\$50.00 Application Fee (If sign request is denied, \$40.00 will be refunded – \$10.00 is a non-refundable administrative fee.)

APPLICANT INFORMATION

Handicapped Individual: _____ Signature: _____

Address: _____ Telephone: _____

Email Address: _____

Have you been legally declared a Disabled Veteran? ___ YES ___ NO

Name of Applicant: _____ (If different than above handicapped individual)

Address: _____ Telephone: _____ Signature: _____

VEHICLE INFORMATION

Make of Vehicle: _____ Color: _____ Year: _____

Vehicle Identification Number (VIN): _____ License Plate: _____

Handicap Plate? ___ YES ___ NO Handicap Placard? ___ YES ___ NO

Placard #: _____ Expiration Date: _____

PROPERTY INFORMATION

Address where sign is to be installed: _____

Is off-street parking available on your property? ___ YES ___ NO

NOTE: State Law allows anyone who has a disability placard or disability license plate to park in any handicap parking space

FOR OFFICIAL USE ONLY

Review Process:

Street Superintendent Recommendation to Borough Manager ___ YES ___ NO

Reason(s): _____ Date: _____

Approval Process:

Street Superintendent ___ YES ___ NO Borough Manager ___ YES ___ NO

Reason(s): _____

Street Superintendent Initials: _____ Date: _____ Borough Manager Initials: _____ Date: _____

Council Meeting Approval/Denial Date: _____ Council Decision: ___ APPROVED ___ DENIED

Date Application was Received and Stamped: _____ **Date of Issuance:** _____

Date Fee was Paid: _____ **Amount \$** _____ **Cash / Check #:** _____ **01.362220**