



**MUHLENBERG TOWNSHIP**

210 George Street  
Reading, PA 19605  
Phone: 610-929-4727  
Fax: 610-921-3764

Email: [info@muhlenbergtwp.com](mailto:info@muhlenbergtwp.com)  
WWW.MUHLENBERGTWP.COM

Dear Resident:

Enclosed you will find information and an application for an on-street, person with disability **parking space**. Please note: this is for the parking space only, **not a disability placard** that is placed in the vehicle.

Upon receipt and verification of your completed application packet it will be forwarded onto the Codes Department and the Police Department for review.

In the event of a change in your disability status, please notify the Township.

If you have any questions, please contact Customer Service or myself at 610-929-4727.

Sincerely,

A handwritten signature in black ink that reads "Shelly Fizz". The signature is written in a cursive style.

Shelly Fizz  
Zoning Officer



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## **MUHLENBERG TOWNSHIP APPLICATION FOR PERSON WITH DISABILITY PARKING SPACE**

### ***PERSON WITH DISABILITY PARKING SPACE CRITERIA***

**Criteria:** In order for an application for an on-street Person With Disability Parking space to be approved, the following conditions must be met:

- 1) the applicant is a resident of the Muhlenberg Township and is permanently disabled, or will be disabled for a period of time exceeding one year, or resides with a disabled Person who is permanently disabled or will be disabled for a period of time exceeding one year and the applicant is responsible for his or her transportation; and
- 2) the applicant must be able to show that the disabled person's mobility is impaired to the extent that ambulation is severely restricted; and
- 3) the requested location is on a public street; and
- 4) the applicant resides at the address where the on-street Person With Disability Parking space is requested; and
- 5) the applicant supplies the vehicle's **license plate number** and **disabled parking placard number** with expiration date for verification; and
- 6) the applicant, or resident being cared for, has a currently valid Person With Disability or Severely Disabled Veteran registration plate on their vehicle, or has been issued a currently valid Person With Disability placard; and
- 7) the applicant must be able to demonstrate that off-street parking is inaccessible; and
- 8) the requested on-street Person With Disability Parking space must be installed in front of the property of the applicant's property, unless deemed unfeasible by the Township, and then such space should be placed as near to the requested property as possible; and
- 9) The requested parking space does not conflict with any parking restrictions already in place.
- 10) The applicant agrees to advise Muhlenberg Township Police Department / Codes Department when the Person with Disability Parking space is no longer required



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**MUHLENBERG TOWNSHIP  
APPLICATION FOR PERSON WITH DISABILITY PARKING SPACE**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address \_\_\_\_\_ Telephone: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:**

1. Is the Applicant a resident of Muhlenberg Township?

YES  NO

2. Is the disability Temporary or Permanent:

Permanently Disabled  Temporary

4. Do you have a garage or other off street parking available?

YES  NO

If YES – explain why you believe that available off street parking is unusable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Disabilities Placard #: \_\_\_\_\_

7. Are there any types of parking restrictions on your street?

NO  YES

If Yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

8. Do you rent the property where you are residing?

NO  YES



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**APPLICANT'S CERTIFICATION**

I am aware that it is my responsibility to file a **complete** application. I understand that the application will be returned to me if it is found to be incomplete, illegible, or otherwise not filed in compliance with the instructions.

I understand that if I use this Person With Disability Parking Space in any manner other than that which I described at the time of this application, the space will be removed. In addition, I agree that Muhlenberg Township retains the right to remove this Person With Disability Parking Space at any time.

I further understand that it is my responsibility to promptly notify Muhlenberg Township should I no longer need the Person With Disability Parking Space.

I acknowledge that, should my request for a Person With Disability Parking Space be denied, that I may appeal the decision to deny my request to the Board of Commissioners of Muhlenberg Township. I understand that this appeal must be in writing and submitted within thirty (30) days from my receipt of notice of denial.

I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that any false statements made herein are subject to the penalties of 10 Pa C.S. Section 4904, relating to unsworn falsifications to authorities.

Please attach a photocopy of the Vehicle Registration AND the Applicant's or Designated Driver's Drivers License as well as a copy of the Person with Disabilities Placard and Placard ID Card.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

**Police Department Approval:**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

**Code Enforcement Approval:**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

Date sent to Public Works \_\_\_\_\_