



**CITY OF NEW CASTLE  
PERMIT APPLICATION FOR DISABLED PERSON  
RESERVED RESIDENTIAL PARKING SPACE  
ORDINANCE #370**

(Please Type or Print)

Disabled Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ M/F: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Delaware Disabled Person Permit #: \_\_\_\_\_ (Expiration Date: \_\_\_\_\_)

or Delaware Official Handicapped License Plate #: \_\_\_\_\_

Delaware Vehicle Registration (License Plate) #: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

**RULES FOR OBTAINING A PERMIT:**

**1. APPLICANT MUST:**

- a. Reside at the "Home Address" specified above.
- b. Possess a valid Delaware **DISABLED PERSON PARKING PERMIT** or an **OFFICIAL HANDICAPPED LICENSE PLATE** (issued by the State of Delaware, Department of Motor Vehicles or other State.)
- c. Submit a photocopy of the **DISABLED PERSON PARKING PERMIT.**
- d. Annually file with the City an affidavit confirming that the disabled person contains to reside at the home address indicated above.

**2. VEHICLE MUST:**

- a. Be registered to the "Home Address: or have a **DELAWARE DISABLED PERSON PARKING PERMIT.**
  - b. Display an **OFFICIAL HANDICAPPED LICENSE PLATE** or the **DELAWARE DISABLED PERSON PARKING PERMIT.**
3. No permit will be issued if off-street parking is available within the property lines of the applicant's home address or within 200 feet of applicant's residence.
4. Only one space will be issued to a specific address.
5. All permits will have a three (3) year duration and expire on the "Anniversary Date" of the original submittal. Permits are renewable only if the disabled person remains eligible pursuant to the terms of Ordinance #370.

**PENALTIES:**

It shall be unlawful for the applicant for a permit for a handicapped parking space or any person submitting an application on behalf of an applicant to make a false statement in order to obtain such a permit. Any person who makes a false statement in order to obtain such a permit shall be

fined not less than \$100.00, but no more than \$500.00 and will be required to forfeit any permit so obtained.

I, the undersigned, have read and understand the rules and penalties as specified in this application. I certify, under penalty of law, that the information given is true and accurate. I further understand that if granted a permit that the parking space, on public property, is not a personal parking space and could be utilized by any vehicle displaying a vehicle registration plate stating the word “Handicapped” or other form of disabled person’s parking permit, such as a windshield placard.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**FOR OFFICIAL USE ONLY**

Application No.: \_\_\_\_\_

Submittal Date: \_\_\_\_\_

Instillation Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Approval Date: \_\_\_\_\_

By: \_\_\_\_\_

*City Administrator*

Rejection Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Removal Date: \_\_\_\_\_

Reason: \_\_\_\_\_