



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: _____