



REQUEST TO ERECT HANDICAP PARKING SIGNAGE FOR PRIVATE RESIDENCE



Authorization to erect handicap parking signs or access points are regulated by Watervliet City Code § 260-30. The following is a summary of the requirements:

For a designated 15-foot reserved handicap parking in front of a private residence, proof must be submitted in writing demonstrating:

- a) The applicant is permanently confined to a wheelchair, crutches, walker or some other prosthetic device (excluding canes) which enables the person to ambulate. The applicant must submit proof from a licensed physician of such disability.
- b) The applicant is able to drive (a copy of the applicant's driver's license is required).
- c) The applicant owns a motor vehicle (copy of registration required).
- d) There is no driveway or the possibility of constructing a driveway on the premises.
- e) If applicant is tenant, they have the property owner's permission to install signage.

For a designated 5-foot handicap access point utilized for the purpose of allowing access to a person from the roadway to the front a private residence, proof must be submitted in writing demonstrating:

- a) There is a medical or physical disability present making it a severe hardship to access the residence. The applicant must submit proof from a licensed physician of such disability.
- b) There is no driveway, or the possibility of constructing a driveway, on the premises.
- c) If applicant is tenant, they have the property owner's permission to install signage.

**FOR QUESTIONS REGARDING THIS APPLICATION, PLEASE CONTACT THE
WATERVLIET POLICE DEPARTMENT AT: TRAFFICSAFETY@WATERVLIET.COM.**

SECTION A (TO BE COMPLETED BY ALL APPLICANTS)

Applicant's Last Name:		Applicant's First Name:	
Applicant's DOB:		Applicant's Age:	
Applicant's Address:			<input type="checkbox"/> Own <input type="checkbox"/> Rent (must provide letter from landlord)
Applicant's Phone Number:		E-Mail:	

If requesting a designated 15-foot reserved handicap parking in front of a private residence, complete SECTION B. ☐

If requesting a designated 5-foot handicap access point utilized for the purpose of allowing access to a person from the roadway to the front a private residence, complete SECTION C. ☐

SECTION B (HANDICAP PARKING SIGNAGE FOR PRIVATE RESIDENCE)

The applicant is <u>permanently confined</u> to: <i>The applicant must submit proof from a licensed physician of such disability.</i>	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Crutches <input type="checkbox"/> Walker <input type="checkbox"/> Other Prosthetic Device (excluding canes) <input type="checkbox"/> Other: <i>Describe:</i> _____
Name of Physician Submitting Proof of Disability:	Telephone Number: _____
Address of Physician's Office:	
The applicant is able to drive:	<input type="checkbox"/> Yes, <i>the applicant must submit a photocopy of a driver's license.</i> <input type="checkbox"/> No
The applicant owns a motor vehicle:	<input type="checkbox"/> Yes, <i>the applicant must submit a photocopy of their registration.</i> <input type="checkbox"/> No
The applicant's residence:	<input type="checkbox"/> Does NOT have a driveway, or the ability to construct a driveway. <input type="checkbox"/> The residence does have a driveway.
Does the applicant own or rent:	<input type="checkbox"/> Rents, <i>the applicant must submit a letter from property owner authorizing the signage.</i> <input type="checkbox"/> Owns
Additional Info:	

SECTION C (HANDICAP ACCESS POINTS FOR PRIVATE RESIDENCE)

The applicant possesses a medical or physical disability making it a severe hardship to access their residence:		<input type="checkbox"/> Yes <i>The applicant must submit proof from a licensed physician of such disability.</i> <input type="checkbox"/> No	
Name of Physician Submitting Proof of Disability:		Telephone Number:	
Address of Physician's Office:			
The applicant's residence:	<input type="checkbox"/> Does NOT have a driveway, or the ability to construct a driveway. <input type="checkbox"/> The residence does have a driveway.		
Does the applicant own or rent:	<input type="checkbox"/> Rents, <i>the applicant must submit a letter from property owner authorizing the signage.</i> <input type="checkbox"/> Owns		
Additional Info:			

ACKNOWLEDGMENT

If approved for signage, the applicant understands the City of Watervliet is authorized to make periodic reviews to establish the continued need for such signs. The applicant further understands they will be subject to the same periodic review as a new applicant and may be required to submit proof of need. Failure to respond to reasonable inquiries from a City of Watervliet official shall be cause for removal of such signs. The applicant, or their designee, furthers agree to notify the Watervliet City Clerk's Office when they no longer meet the requirements set forth in City Code §260-30.

It is also a misdemeanor under the New York State Penal Law (Section 210.45) to make a false statement or provide misinformation to obtain a parking permit for a person with a disability and is punishable by fines from \$250 to \$1,000. Additional civil penalties from \$250 to \$1,000 may also be imposed under Section 1203-a (4) of the Vehicle and Traffic Law. These penalties also apply to doctors providing certifications, as well as applicants.

By my signature below I acknowledge I have reviewed the information contained in this application and swear the information is truthful and accurate.

Applicant Signature				Date	

Parent/Guardian/ Legal Caretaker (if applicable)	Relationship to Applicant (if applicable)



WATERVLIET, NEW YORK
POLICE DEPARTMENT
2-15TH Street
WATERVLIET, NEW YORK 12189



1778

Reserved for City of Watervliet Use:

1. Date Application Received: ____/____/____
2. Application Assigned to: _____
3. Check forms received:
 - ☐ City of Watervliet Handicap Parking Signage Application
 - ☐ Proof of disability received and verified.
 - ☐ Photocopy of driver's license and verified validity with DMV
 - ☐ Photocopy of vehicle registration and verified validity with DMV
 - ☐ Property owner authorization letter
 - ☐ Other forms: _____
4. Does Applicant meet requirements set forth in WCC §260-30:
 - ☐ No, if "No": Was the applicant notified of ineligibility: ☐ Yes Date: ____/____/____
 - ☐ Yes, if yes: ☐ Handicap Parking Signage ☐ Handicap Access Points
5. Site visit of residence completed: ☐ *Yes ☐ No ☐ N/A
**For applicants that meet minimum requirements, current photographs of both the front of residence and the street view must be submitted with this application.*
6. Package forwarded to Chief of Police for review: ____/____/____ (date)
7. Chief of Police Signature/Review: _____/____/____
8. Forwarded to City Clerk for City Council Review: ____/____/____ (date)

CITY CLERK:

9. City Council: ☐ Approved ☐ Denied Date: ____/____/____
10. DPW notified for sign install: ____/____/____
11. eCode Updated: ____/____/____
12. Notes: