



CITY OF ALTOONA  
DEPARTMENT OF PUBLIC WORKS  
1301 – 12<sup>TH</sup> STREET, SUITE 300  
ALTOONA, PA 16601

## DISABLED PARKING SIGN APPLICATION

### GENERAL INFORMATION

1. TO QUALIFY FOR CONSIDERATION OF A DISABLED PARKING SIGN, YOU MUST HAVE EITHER A CURRENT DISABLED PARKING PLACARD OR DISABLED LICENSE PLATE. ATTACH A COPY OF EITHER DOCUMENT TO THE APPLICATION. NOTE THAT WE CAN MAKE A COPY OF THE DOCUMENT AT THE TIME YOU BRING IN YOUR APPLICATION.
2. IF YOU HAVE A DRIVEWAY ACCESS DIRECTLY TO YOUR HOME, YOU MAY NOT QUALIFY FOR CONSIDERATION OF A DISABLED PARKING SIGN.
3. ARE YOU THE OWNER OF THE PROPERTY WHERE YOU WISH TO HAVE THE SIGN PLACED?   \_\_\_ Yes   \_\_\_ No  
  
IF NO, PLEASE HAVE OWNER OF PROPERTY COMPLETE THE “OWNER AUTHORIZATION”.
4. INITIAL FEE IS \$90.00 (CHECK IS PAYABLE TO THE CITY OF ALTOONA) AND MUST ACCOMPANY YOUR APPLICATION.
5. THERE IS AN ANNUAL RENEWAL FEE OF \$15.00. THE SIGN WILL BE PLACED WITH THE CURRENT YEAR’S STICKER AND A NOTICE WILL BE SENT TO YOU WHEN IT IS TIME FOR RENEW. NOTE THAT THE FIRST RENEWAL WILL BE ON THE ONE (1) YEAR ANNIVERSARY AND THEREAFTER WILL BE ON THE CALENDAR YEAR BEGINNING IN JANUARY.
6. IF YOU WOULD MOVE AND NEED THE SIGN RELOCATED, THERE IS A FEE OF \$25.00. IF YOU DO NOT REQUIRE THE SIGN TO BE MOVED, YOU WILL NEED TO NOTIFY THE DEPARTMENT OF PUBLIC WORKS (814-949-2446) TO HAVE THE SIGN REMOVED. THE SIGN ALWAYS REMAINS THE PROPERTY OF THE CITY OF ALTOONA.
7. IF THE SIGN IS STOLEN OR DAMAGED TO THE POINT IT MUST BE REPLACED, THERE IS A \$25.00 FEE.
8. THE ENGINEER FIELD CHECKS EACH LOCATION. HE IS CHECKING TO MAKE SURE THE SIGN PLACEMENT WILL NOT BE TOO CLOSE TO AN INTERSECTION, FIRE HYDRANT, STOP SIGN, ETC. IF IS IT DETERMINED THAT THE SIGN MAY NOT BE PLACED, THE APPLICANT WILL BE NOTIFIED AND THE INITIAL FEE REFUNDED. WHILE THE CITY WILL MAKE EVERY AN EFFORT TO HONOR YOUR REQUEST FOR A SIGN LOCATION, THE CITY RESERVES THE RIGHT TO DETERMINE SIGN PLACEMENT.
9. YOU MAY EITHER MAIL YOUR COMPLETED APPLICATION ALONG WITH THE INITIAL PAYMENT OR COME IN PERSON MONDAY TO FRIDAY BETWEEN THE HOURS OF 8:30 AM TO 3:30 PM TO THE

**DEPARTMENT OF PUBLIC WORKS  
DISABLED SIGN REQUEST  
1301 – 12<sup>TH</sup> STREET, SUITE 300  
ALTOONA, PA 16601**

PLEASE DIRECT ALL TELEPHONE INQUIRIES TO 814-949-2446.

**DISABLED PARKING SIGN APPLICATION – PLEASE PRINT**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP CODE

TELEPHONE: \_\_\_\_\_

ADDRESS FOR PLACEMENT OF SIGN IF DIFFERENT THAN MAILING ADDRESS:

\_\_\_\_\_

PROPERTY OWNER IF DIFFERENT FROM APPLICANT

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**OWNER AUTHORIZATION:** I DO HEREBY ACKNOWLEDGE THAT I AM THE OWNER OF THE ABOVE-NAMED PROPERTY AND DO HEREBY GIVE PERMISSION FOR THE AFORESAID APPLICANT TO HAVE A DISABLED PARKING SIGN PLACED AT THE PROPERTY.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

***THE FOLLOWING TO BE COMPLETED BY THE DEPARTMENT OF PUBLIC WORKS***

WORK ORDER NO.: \_\_\_\_\_ RECEIPT NO.: \_\_\_\_\_

APPROVED: \_\_\_\_\_ YES \_\_\_\_\_ NO STICKER NO.: \_\_\_\_\_

IF NO, EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

DATE INSTALLED: \_\_\_\_\_ INSTALLED BY: \_\_\_\_\_