



ON-STREET DISABLED PARKING STALL POLICY AND APPLICATION

GENERAL INFORMATION

1. ONLY ONE (1) ON-STREET STALL PER PRIVATE RESIDENCE WILL BE CONSIDERED. MULTI-TENANT AND COMMERCIAL BUILDING REQUESTS WILL BE REVIEWED ON A CASE-BY-CASE BASIS.
2. NO PERMIT WILL BE GRANTED IF ON-STREET PARKING IS RESTRICTED ADJACENT TO RESIDENCE.
3. THE PERMITTED STALL LENGTH SHALL BE FOR ONE (1) VEHICLE. TRAILERS, RV'S, AND COMMERCIAL VEHICLES ARE PROHIBITED.
4. THE STALL (IF APPROVED) IS RESERVED FOR ANY HANDICAP PLACARDED VEHICLE. IT IS NOT "RESERVED" FOR THE SOLE USE OF THE PERMIT HOLDER.
5. IN THE EVENT OF A SNOW EMERGENCY, VEHICLE MUST BE MOVED AND NO CITY PROVIDED ACCOMMODATION SHALL BE PROVIDED.
6. IF YOU HAVE DRIVEWAY ACCESS DIRECTLY TO YOUR HOME FROM THE STREET OR AVENUE, YOU WILL NOT QUALIFY FOR CONSIDERATION OF A DISABLED PARKING SIGN.
7. TO QUALIFY FOR CONSIDERATION OF A DISABLED PARKING SIGN, YOU MUST HAVE EITHER A CURRENT DISABLED PARKING PLACARD OR DISABLED LICENSE PLATE. PLEASE ATTACH A COPY OF EITHER DOCUMENT TO THE APPLICATION. NOTE: WE CAN MAKE A COPY OF THE DOCUMENT FOR YOU AT THE TIME OF APPLICATION.
8. A STALL CANNOT BE GRANTED IF IT CONFLICTS THE PA MOTOR VEHICLE CODE.
9. 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".
10. INITIAL FEE IS \$125.00 (CHECK IS PAYABLE TO THE CITY OF ALTOONA) AND MUST ACCOMPANY YOUR APPLICATION.
11. THERE IS AN ANNUAL RENEWAL FEE OF \$20.00. 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 RENEWALS WILL BE MAILED IN JANUARY OF EACH YEAR.
12. IF YOU WOULD MOVE AND NEED THE SIGN RELOCATED, THERE IS A FEE OF \$75.00. IF YOU NO LONGER REQUIRE THE SIGN, PLEASE NOTIFY THE DEPARTMENT OF PUBLIC WORKS (814-949-2447) TO HAVE THE SIGN REMOVED. THE SIGN ALWAYS REMAINS THE PROPERTY OF THE CITY OF ALTOONA.
13. IF THE SIGN IS STOLEN OR DAMAGED TO THE POINT IT MUST BE REPLACED, THERE IS A \$75.00 FEE.
14. 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 IT IS DETERMINED THAT THE SIGN MAY NOT BE PLACED, THE APPLICANT WILL BE NOTIFIED AND THE INITIAL FEE REFUNDED. WHILE THE CITY WILL MAKE EVERY EFFORT TO HONOR YOUR REQUEST FOR A SIGN, THE CITY RESERVES THE RIGHT TO DETERMINE SIGN PLACEMENT.
15. 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 CITY HALL:

DEPARTMENT OF PUBLIC WORKS
DISABLED SIGN REQUEST
1301 – 12TH STREET, SUITE 300
ALTOONA, PA 16601

PLEASE DIRECT ALL TELEPHONE INQUIRIES TO 814-949-2447.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION:

SIGNATURE OF APPLICANT

DATE

Disabled Parking Sign Application – Please print

NAME:		PHONE:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
ADDRESS FOR PLACEMENT OF SIGN IF DIFFERENT THAN MAILING ADDRESS			
ADDRESS:	CITY:	STATE:	ZIP CODE:
PROPERTY OWNER (IF DIFFERENT FROM APPLICANT):			
PHONE:			

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: <input type="checkbox"/> YES <input type="checkbox"/> NO	STICKER NO.:
IF NO, EXPLANATION:	
APPROVED BY:	DATE:
SPECIAL INSTRUCTIONS:	
DATE INSTALLED:	INSTALLED BY: