

PUBLIC WORKS DEPARTMENT 1301 12TH STREET, SUITE 300 ALTOONA, PA 16601 (814) 949-2447

HANDICAP PARKING SIGN APPLICATION & POLICY

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 YOUR 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, YOUR VEHICLE MUST BE MOVED AND NO ACCOMMODATION SHALL BE PROVIDED BY THE CITY FOR THE DURATION OF THE SNOW EMERGENCY.
- 6. IF YOU HAVE DRIVEWAY ACCESS DIRECTLY TO YOUR HOME FROM THE STREET OR AVENUE, YOU WILL NOT QUALIFY FOR CONSIDERATION OF A HANDICAP PARKING SIGN.
- 7. TO QUALIFY FOR CONSIDERATION OF A HANDICAP PARKING SIGN, YOU MUST HAVE EITHER A CURRENT HANDICAP PARKING PLACARD OR HANDICAP 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 WITH THE PA MOTOR VEHICLE CODE OR CITY ORDINANCE.
- 9. A STALL MAY NOT BE GRANTED IF THE CITY ENGINEERING DEPARTMENT DETERMINES THAT GRANTING THE STALL WOULD CAUSE AN UNSAFE SITUATION TO THE PUBLIC BY LIMITING SITE DISTANCE.
- 10. ARE YOU THE OWNER OF THE PROPERTY WHERE YOU WISH TO HAVE THE SIGN PLACED? _____YES _____NO

 IF NO, PLEASE HAVE THE OWNER OF THE PROPERTY COMPLETE THE "OWNER AUTHORIZATION". IF THE CITY
 ENGINEERING DEPARTMENT DETERMINES THAT THE STALL CAN'T BE PLACED ADJACENT TO YOUR PROPERTY, IT MAY BE
 PLACED ADJACENT TO A NEIGHBORING PROPERTY WITH A PERMISSION LETTER FROM THE ADJACENT PROPERTY OWNER.
- 11. THE INITIAL FEE IS \$125.00 (CHECK PAYABLE TO THE CITY OF ALTOONA) AND MUST ACCOMPANY YOUR APPLICATION.
- 12. 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 RENEWAL. NOTE: THE RENEWALS ARE MAILED IN JANUARY OF EACH YEAR.
- 13. IF YOU MOVE AND NEED THE SIGN RELOCATED, THERE IS A FEE OF \$75.00. IF YOU NO LONGER REQUIRE THE SIGN, PLEASE NOTIFY THE PUBLIC WORKS DEPARTMENT (814-949-2447) TO HAVE THE SIGN REMOVED. AT ALL TIMES, THE SIGN IS THE PROPERTY OF THE CITY OF ALTOONA. IF THE SIGN IS REMOVED DUE TO NON-PAYMENT AND THEN A REQUEST IS RECEIVED FOR THE SIGN TO BE REPLACED, THE \$75 FEE IS REQUIRED.
- 14. IF THE SIGN IS STOLEN OR DAMAGED TO THE POINT IT MUST BE REPLACED, THERE IS A \$75.00 FEE.
- 15. THE ENGINEER SHALL FIELD CHECK EACH LOCATION. THE ENGINEER MUST ENSURE 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 IN ORDER TO PROTECT THE HEALTH, SAFETY AND WELFARE OF THE GENERAL PUBLIC.
- 16. YOU MAY EITHER MAIL YOUR COMPLETED APPLICATION ALONG WITH THE INITIAL PAYMENT OR DELIVER IT IN PERSON MONDAY THROUGH FRIDAY BETWEEN THE HOURS OF 8:30 AM AND 3:30 PM TO ALTOONA CITY HALL:

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

PLEASE DIRECT QUESTIONS TO 814-949-2447.	
I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION:	
APPLICANT'S SIGNATURE	DATE

REVISION DATE: 2024-03-11 ORD. NO. 5813 3/11/24

HANDICAP PARKING SIGN APPLICATION - PLEASE PRINT

-				.			
NAME:			PHONE:	PHONE:			
ADDRESS:			CITY:	STATE:	ZIP CODE:		
ADDRESS FOR PLACEM	ENT OF SIGN IF	DIFFERENT THAN N	AILING ADDRESS	·			
ADDRESS:			CITY:	STATE:	ZIP CODE:		
PROPERTY OWNER (IF	DIFFERENT FRO	M APPLICANT:					
PHONE:							
		OWNER	AUTHORIZATION	:			
I DO HEREBY ACKNOWLI THE AFORESAID APPLICA	_		_		BY GIVE PERMISSION FOR		
SIGNATURE			_	DATE			
THE	FOLLOWING	IS TO BE COMP	LETED BY THE PUB	LIC WORKS DEPAR	TMENT		
WORK ORDER NO.:			RECEIPT NO.:				
APPROVED:	☐ YES	□ NO	STICKER NO.:	STICKER NO.:			
IF NO, EXPLANATION:							
			T				
APPROVED BY:			DATE:				
SPECIAL INSTRUCTIONS	S:						
DATE INSTALLED:			INSTALLED BY	INSTALLED BY:			

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