

Borough of Oakmont  
 PERSONS WITH DISABILITY PARKING PLACE APPLICATION

**Part A Application Information (List name and address of person with disability.)**

Last Name	First Name	Middle	Telephone Number	
Street Address	City	State	Zip Code	
	Oakmont	PA	15139	

**Part B Certification from PA Licensed Physician. This section must be completed in full.**

This is to certify that the person with the disability listed above is under my care and has the following condition listed on the reverse side of this form under "Eligibility Requirements" _____ NOTE: Only those conditions listed on the reverse qualify for a parking place. List Reason Code Here				
NOTE: If reason Code #4 is listed above, please indicate the type of device: _____				
Physician's Name	Physician's Signature	Medical License Number		
Office Street Address	City	State	Zip Code	Telephone Number

**Part D Evidence of Prior Approval for Disability Placard or Registration Plate (Must have received HP plate or placard at time of this application.)**

Year and Make of Vehicle	Model of Vehicle	Color of Vehicle	Registration of Vehicle or Placard No.
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**Part E Applicant Signature (Person listed in Section A or a person in Local Parents)**

I hereby make application for a Disability Parking Place within the Borough of Oakmont and certify under penalty of law that ALL information contained herein is TRUE and CORRECT.	
Applicant's Signature	Date

\_\_\_\_\_ FOR OFFICIAL USE ONLY \_\_\_\_\_

**Part F Council Approval**

Meeting Date	Approved	Disapproved	Signature of Chairman of Public Safety Committee
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(OVER)

## INSTRUCTIONS

Applicants must complete:

1. Part A
2. Part B
3. Part D
4. Part E

Completed applications must be accompanied by a check or money order made payable to the Borough of Oakmont in the amount of \$25. If approved, handicapped parking places must be renewed before March 31 of the following year, regardless of date of approval.

Completed applications must be accompanied by a diagram indicating the location of the requested parking place, including all available off-street parking at the disposal of the applicant, including but not limited to driveways and garages.

Completed applications may be submitted to the Oakmont Police Department Office during normal business hours Monday through Friday.

Notice of approval or disapproval will be made within sixty (60) days of the date of application by the Borough Manager's Office.

### Eligibility Requirements

#### Reason Codes

Applicant:

1. is blind
2. Does not have full use of an arm or both arms.
3. Cannot walk 200 feet without stopping to rest.
4. Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device.
5. is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than 60 MM/HG on room air at rest.
6. uses portable oxygen.
7. has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to the standards set forth by the American Heart Association.
8. is severely limited in his or her ability to walk due to an arthritic, neurological, or orthopedic condition.