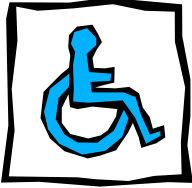


CITY OF CHILLICOTHE

Office of Safety/Service
35 South Paint Street
Chillicothe, Ohio 45601



Application for Residential Handicapped Parking Space

Note: This application must be completed and all necessary documentation attached prior to any consideration for a residential handicapped parking space.

Applicant's Information:

Name: _____ Address: _____

Telephone: _____ SSN: _____ DOB: _____

Vehicle Information:

Do you have a "Special Handicapped License Plate or Placard" issued by the State of Ohio?
_____ YES _____ NO

If you answered this question "NO", you must obtain this special plate or placard for the handicapped as required in City Ordinance (77-01) in order to process your application. If you answered "YES", please complete the following:

_____	_____	_____	_____	_____
Year	Make	Model	License Plate Number	Plate Expiration Date
_____		_____		
Placard Number		Placard Expiration Date		

Complete the following information if the vehicle owner is not the applicant:

_____	_____	_____
Vehicle Owner	Address	Relationship to Applicant

Medical Information:

In your own words describe your current medical condition that requires special parking privileges:

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NOTE: This part of the application must be completed and all necessary documentation attached prior to any consideration for a Residential Handicapped Parking Space.

Diagram:

When off-street parking is available, City Ordinance (77-01) requires the applicant to include a detailed diagram *with measurements* showing on street parking is preferable to the available off-street parking. The diagram should show the comparison information between your current parking location vs. your requested parking location to include: distances from parked vehicle to doorways, number of steps to be climbed, door locations and door widths, etc... The diagram should be completed prior to submission to your doctor for his review. Please provide the diagram in the space provided below.

Doctor's Statement of Need:

City Ordinance (77-01) requires "The applicant shall provide a notarized physician's statement on a form prescribed by the City of Chillicothe stating the applicant's medical condition is so severe that a handicapped parking space as close as possible to the applicant's residence is necessary to assist in transportation to and from the residence" in order to process your application. The physician's statement must be completed in the area provided below and will be considered confidential.

Information for the Physician, City Ordinance defines: "Severely handicapped person means 'any' person who has lost the use of one or both legs, or one or both arms, or is so severely handicapped as to be unable to move about without the aid of crutches or wheelchair, or whose mobility is severely restricted by a permanent cardiovascular, pulmonary, or other handicapped condition."

Please indicate the medical condition that would qualify this applicant for consideration in the space provided below:

I have reviewed the information and diagram on this application and for the reason(s) stated above, I believe the applicant's medical condition is so severe that a handicapped parking space as close as possible to the applicant's residence is necessary to assist in transportation to and from the residence.

Physician's Signature Date

General Information:

1. Residential Handicapped Parking Permits must be renewed annually for the person to whom the space was originally issued. The renewal must be requested thirty days in advance of the expiration of the permit following the same procedure required in the original application.
2. If for any reason, the person to whom it was originally issued no longer needs the parking space, the handicap parking symbol, space, and sign will be removed by the City of Chillicothe. Permits are not transferable.
3. Only the vehicle identified in the application and assigned the permit may be parked within the boundaries of the handicapped space. The permitted vehicle must be parked fully within the boundaries of the handicapped space.
4. A residential handicap parking permit may be revoked upon a determination made after review by the Chief of Police and the Service/Safety Director that the privilege has been abused, misused, or for disregarding the rules set forth in the Ordinance; or for tampering with or altering the permit placard.