

LANCASTER TOWNSHIP BOARD OF SUPERVISORS

1240 MAPLE AVENUE-LANCASTER, PA 17603
TELEPHONE (717) 291-1213 | FAX (717) 291-6818
www.twp.lancaster.pa.us

APPLICATION FOR A HANDICAPPED PARKING SPACE

Applicant Information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Name of Person Handicapped Placard/Plate was issued: _____

Vehicle Handicapped Plate/Placard Number: _____

Vehicle Make and Model: _____

Address for location of sign if different from above: _____

“I hereby make application for a handicapped parking space in accordance with Section 1338 of the Vehicle Code (75 PA C.S., S 1338) and in accordance with the disabilities as outlined in this Section.”

Signature of Applicant

Date

**\$35.00 fee, copy of state-issued placard or license plate, and photo of parking space to be submitted with application.
Action on this application will be taken at a Lancaster Township Board of Supervisors public meeting.
Meetings take place the 2nd Monday of each month at 7:00PM. If not approved, fee will be returned.**

Application Approved: _____ / _____
Superintendent of Public Works Date / Board of Supervisors—Chair Date

Application Denied: _____ / _____
Superintendent of Public Works Date / Board of Supervisors—Chair Date

All costs pertaining to the installation of these signs must be paid to the Township prior to installation.

Charges incurred \$ _____ Paid by _____ Date _____

PA-One Call Date _____ Serial # _____ Installation Date _____