

## LANCASTER TOWNSHIP BOARD OF SUPERVISORS

1240 MAPLE AVENUE; LANCASTER, PA 17603

Telephone (717) 291-1213 | [www.twp.lancaster.pa.us](http://www.twp.lancaster.pa.us)

### **Handicap Parking Space Application** *(Requirements/Procedures)*

**Prior to submitting an application for a handicap parking space to the township office:** Applicant must have a valid and current handicap placard or license plate issued by the PA Department of Transportation. For information on this requirement, call (717) 783-6523 or visit [www.dmv.pa.gov](http://www.dmv.pa.gov) and click on [Persons with Disabilities Placards/Plates](#) under the *Vehicle Services* dropdown menu. *The township cannot assist with this part of the process.*

#### **Requirements:**

Applicant **must reside** at the address for which the sign is being requested.

Applicant **must provide the following** in order for the application to be considered:

- 1) Completed and Signed Handicap Parking Space Application, **and**
- 2) Check or money order for **\$35.00** payable to Lancaster Township, **and**
- 3) Copy of valid and current PA state-issued handicap placard *or* license plate, **and**
- 4) Clear photo(s) of the parking space where the sign is being requested.

*An incomplete application will be returned to the applicant for resubmission.*

The application **must be received a minimum of two (2) weeks prior to the board of supervisors' meeting.** Meetings are held the 2<sup>nd</sup> Monday of each month. The supervisors make the final decision on the application at a regular monthly board meeting. *The applicant will be notified in writing of the decision.*

Handicap parking spaces are **subject to** and **must adhere to** all parking restrictions as posted or announced; such as, street cleaning, leaf pick-up, snow removal or declarations of a snow emergency, etc.

**Important to Note:** The installation of a handicap parking sign does not entitle the applicant to a private parking space. *Anyone* with a valid handicap placard or plate has the right to park in the space.

In addition, **all handicap spaces are subject to annual renewal**, valid January 1 through December 31. *There is no fee for the renewal.* A renewal form will be mailed in November, and **must be returned prior to December 31<sup>st</sup>, or the handicap sign will be removed.** **If the sign is removed** and it needs to be reinstalled, the applicant will be required to **go through the application process again** by submitting an application for approval and paying the required application fee.

**If at any time**, *for any reason*, the sign is no longer needed, immediate notification to the township is required so the handicap parking sign can be removed. All signs are the property of Lancaster Township.

#### **Procedures:**

If off-street parking (a driveway in the front of the home) is available at the address, the application will be denied. *Applicants residing in apartments will be evaluated on a case-by-case basis.*

A minimum of twenty (20) feet is required for installation of a handicapped parking space.

The handicap parking space requested must be within the on-street property lines of the applicant's residence.

Any handicap parking space must allow for fifteen (15) feet of clearance on either side of a fire hydrant, and ten (10) feet of clearance on either side of a mailbox.

The handicapped parking space may not infringe on parking spaces for adjoining properties.

Applications will first be reviewed and inspected by the township public works department.

*The application is available on the township website ([www.lancastertownship.org](http://www.lancastertownship.org)) under "Forms & Applications"*

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**HANDICAP PARKING SPACE (Sign) APPLICATION\***

***Applicant Information:***

Name: (Mr. / Mrs. / Ms.) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Valid, PA state-issued Handicap Placard #: \_\_\_\_\_ Exp. date: \_\_\_\_\_

**OR**

Valid, PA state-issued Handicap License Plate #: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Handicap Placard/Plate is issued to: (Mr. / Mrs. / Ms.) \_\_\_\_\_

*(Resides at the address for which sign is being requested.)*

***Applicant:***

“I hereby make application for a handicap 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.”

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
Date

**\*Submit with the application:** \$35.00 check/money order payable to Lancaster Township, copy of valid/current PA state-issued handicap placard or license plate, and clear photo of the parking space. Action on the application will be taken at a Lancaster Township Board of Supervisors meeting, 2<sup>nd</sup> Monday of each month at 7:00PM. Applicant will be notified in writing of the decision. *The fee pertaining to the installation of this sign must be submitted to the township with the application, and will not be processed unless approved.* If not approved, the fee will be returned.

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**Township Office Use Only:** Fee: \$35.00 - Recv'd Date: \_\_\_\_\_ Check/Money Order #: \_\_\_\_\_ Processed Date: \_\_\_\_\_

**APPROVED:** \_\_\_\_\_  
Superintendent of Public Works      Date

\_\_\_\_\_  
Board of Supervisors\*      Date

**DENIED:** \_\_\_\_\_  
Superintendent of Public Works      Date

\_\_\_\_\_  
Board of Supervisors      Date

**Reason for denial:** \_\_\_\_\_

*Applicant notified in writing of decision: Date: \_\_\_\_\_*

*\*Approval entered into PubWorks:      Date: \_\_\_\_\_*