



**BOROUGH OF LEMOYNE**

**HANDICAP PARKING PERMIT APPLICATION**

NAME	
HOME ADDRESS	
PHONE NUMBER	
REQUESTED LOCATION	
NUMBER OF STEPS TO RESIDENCE _____ FRONT _____ BACK	
COPY OF DRIVERS LICENSE? YES ( ) NO ( )	
PROOF OF HANDICAPPED PLACARD/PLATE? YES ( ) NO ( )	
IS OFF STREET PARKING AVAILABLE? YES ( ) NO ( )	
ADDITIONAL INFORMATION	
REQUEST DATE	
INSPECTION DATE	
APPROVED _____ DENIED _____	
IF DENIED PLEASE PROVIDE REASON:	
IF APPROVED DATE SIGN INSTALLED	
FOR MORE INFORMATION, ALL CODES AND ORDINANCES PERTAINING TO HANDICAPPED PARKING SPACES ARE ON THE BOROUGH OF LEMOYNE WEBSITE IN ORDINANCES. ARTICLE VIII CHAPTER 525, 525-47 THROUGH 525-53.	