



Residential Handicapped (HC)
Parking Space Request
Franklin County, Pennsylvania

60 N. Washington Street
Greencastle, PA 17225
717-597-1743/FAX: 717-597-1022
www.greencastlepa.gov

A handicapped parking space cannot be reserved for any one particular individual or group. A designated HC space is available for any vehicle bearing the appropriately approved placard or registration plate issued and approved by an appropriate issuing authority.

Name: _____ Date: _____

Address: _____ Phone: _____

Do you have a HC plate or placard? Yes No PA Plate No.: _____

Pursuant to Resolution 2014-06 the following criteria must be satisfied in order for Council to designate on-street preferred handicapped parking spaces:

- 1. The resident shall submit his/her request in writing to the Borough;
2. The applicant shall provide the Borough with a letter from his/her physician stating the reasons and necessity for the preferred handicapped parking space;
3. The vehicle, which will use the space, shall have a handicapped driver registration (long-term) plate or blue placard issued by the Pennsylvania Department of Transportation;
4. All parking restrictions and existing laws and ordinances shall remain in effect as presently posted;
5. Applicant shall demonstrate proof of residency at the location where the space will be installed;
6. Preferred handicapped parking will only be installed at those residences where the number of handicapped individuals exceeds the number of off-street parking spaces, subject to review on a case by case basis.
7. No more than two handicapped spaces per block shall be approved unless deemed appropriate and recommended by the Public Facilities Committee, Borough Manager, and Police Chief. Location of said handicapped parking space(s) shall be at the sole discretion of the Borough of Greencastle.

I have read and understand the above criteria and have submitted the required documentation for application of a Residential Handicapped Parking Space.

Signature: _____ Date: _____

THIS SECTION IS FOR OFFICIAL BOROUGH USE ONLY.

Stamp Date Received & Complete

Confirm the following attachments submitted with application:

- Physician's Letter Copy of Placard Proof of Residency

Empty rectangular box for stamping date received and completion.

Borough Council Date of Review: _____

Determination: Approved Denied

If Denied, Reason: _____

If Approved, Date Signage Installed: _____

Public Works Manager Signature: _____ Date: _____

Borough Manager Signature: _____ Date: _____