PEN ARGYL

ACCESSIBLE PARKING
SIGN APPLICATION

BOROUGH OF PEN ARGYL | 2026

01 APPLICANT & RESIDENCE

Applicant name

Phone number

Street address (location of requested parking sign)

ZIP code

Name of person with a disability (if different from applicant)

Age

Relationship to applicant

02 DISABILITY & MOBILITY

Nature of disability

Do you use assistive devices for mobility (e.g., wheelchair, crutches, walker)? ☐ Yes ☐ No

If yes, describe the device(s)

03 DRIVER, VEHICLE & PARKING CREDENTIALS

Valid driver's license: ☐ Person with disability ☐ Other Relationship to applicant

Who owns the vehicle?

License plate number

Do you have a disability (HP) or disabled veteran (DV) license plate? ☐ Yes ☐ No

Do you have a disability parking placard? (Attach a copy if yes.) ☐ Yes ☐ No

If yes to either question, provide plate registration or placard number

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04 PARKING CONDITIONS

Do you have access to off-street parking? ☐ Yes ☐ No

Do you have access to or own a garage? ☐ Yes ☐ No

Are there parking restrictions on your street? ☐ Yes ☐ No

If there are street parking restrictions, please describe

Will the vehicle be parked at the requested location on a regular basis? ☐ Yes ☐ No

If no, please explain

05 PHYSICIAN INFORMATION

Physician name

Physician address

Physician phone number

06 REQUIRED DOCUMENTATION & SUBMISSION

Return the completed application with a signed statement from your physician regarding the nature of the disability. Include a copy of your disability parking placard, if applicable.

A $200 check payable to "Pen Argyl Borough" must be submitted with the application. The Borough will hold the check while the application is being considered. If the application is approved, the check will be deposited to cover the cost of installing the requested accessible parking space. If the application is denied, the check will be returned to the applicant or, at the applicant's request, shredded by the Borough.

After the Borough receives the completed application, physician statement, and $200 check, you will be contacted regarding a personal interview about the request.

Applicant signature

Date

Return to: Pen Argyl Borough, 11 North Robinson Avenue, Pen Argyl, PA 18072