Dear Resident:

Enclosed you will find a copy of the Township of North Bergen handicapped parking application to be submitted directly to the Township of North Bergen Public Safety Office.

After reading the ordinances and understanding the eligibility requirements, then please take time to completely read and fill out the application forms and SUPPLY ALL THE REQUIRED INFORMATION/DOCUMENTATION. Afterwards, you may send the properly completed application and all the requested/required documentation to the Township of North Bergen, Public Safety Office, 4233 Kennedy Boulevard, North Bergen, NJ 07047, Attention: Gilda Saladrigas.

The following is an outline of the NECESSARY STEPS involved in the process of applying for a dedicated handicapped parking space within the Township of North Bergen:

1. Submission of properly completed application
2. Acceptance of completed application by Dept. of Public Safety, Division of Handicapped Parking
3. On-site visit by Township Investigator
4. Medical evaluation with Physician designated by Township (if necessary/required)
5. Approval from said Township designated Physician (if necessary/required)
6. Handicapped Parking Committee approval
7. Township Board of Commissioners approval
8. Issuance and installation of Handicapped Parking Ordinance and License Plate Sign and Post

Upon receiving the initial application, the Handicapped Parking Committee will formally begin the review of your application. It should be noted that this process could take upwards of three months or more, primarily due to the time required to legally adopt and implement an ordinance. Your patience and understanding is greatly appreciated.

Very truly yours,

Dept. of Public Safety
Division of Handicapped Parking
APPLICATION FOR RESIDENTIAL HANDICAPPED PARKING SPACE

DATE OF SUBMISSION: ____________________________________________________________

APPLICANT’S NAME: ____________________________________________________________

APPLICANT’S ADDRESS: _________________________________________________________

TELEPHONE NUMBER(S): _________________________________________________________

AGE: _____ DATE OF BIRTH: _____ / _____ / _______ SEX: M _____ F _____

DO YOU OWN YOUR HOME?  Yes:_____No:______  DO YOU RENT?  Yes:_____No:____

EMERGENCY CONTACT NAME: ___________________________________________________

RELATIONSHIP:_________________________ PHONE #:______________________________

EMERGENCY CONTACT NAME: ___________________________________________________

RELATIONSHIP:_________________________ PHONE #:______________________________

DO YOU HAVE or USE A DRIVEWAY, GARAGE, CAR PORT or ANY OFF-STREET PARKING?  Yes:_____No:_____

(If the answer to the above question is “YES”, DO NOT COMPLETE THIS APPLICATION, FOR YOU DO NOT MEET THE ELIGIBILITY REQUIREMENTS.)

IF YOU RENT, LIST NAME AND ADDRESS OF LANDLORD/PROPERTY OWNERS BELOW:  
(You MUST attach type-written consent for parking space from landlord/property owners as per Township Ordinance)

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

WHO WILL OPERATE THE MOTOR VEHICLE (STATE RELATIONSHIP IF ANOTHER INDIVIDUAL)?

________________________________________________________________________________
DESCRIBE PHYSICAL DISABILITY/DISABILITIES: __________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

NAME AND ADDRESS OF THE APPLICANT’S PHYSICIAN(S)/DOCTOR(S)/SPECIALIST(S):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

NAME AND ADDRESS OF OWNER OF MOTOR VEHICLE:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

LIST YEAR, MAKE, MODEL, COLOR AND LICENSE PLATE OF YOUR MOTOR VEHICLE:
______________________________________________________________________________

1. ATTACH A CLEAR COPY OF THE FOLLOWING DOCUMENTS:
   a. N.J. DRIVER’S LICENSE
   b. VEHICLE INSURANCE CARD
   c. VEHICLE REGISTRATION
   d. N.J.D.M.V. DISABLED PERSON IDENTIFICATION CARD

2. ATTACH AN ORIGINAL [TYPE-WRITTEN] LETTER ON YOUR PHYSICIAN’S OFFICIAL LETTERHEAD (NOT PRESCRIPTION PAPER), WHERE YOUR PHYSICIAN(S) CERTIFY YOUR DISABILITY/DISABILITIES AND EXPLAIN THE NEED FOR A HANDICAP PARKING SPACE.

3. PROOF OF RESIDENCY: SUPPLY CLEAR COPIES OF THE FOLLOWING DOCUMENTS FOR BOTH THE APPLICANT AND THE HANDICAPPED PERSON:
   a. COPIES OF LAST THREE (3) MONTHLY UTILITY BILLS
   b. COPIES OF MOST RECENT RENT/PROPERTY TAX PAYMENTS FOR HOME ADDRESS VERIFICATION
      i. IF HOME OWNER, COPY OF TAX BILL OR MORTGAGE STATEMENT
      ii. IF RENTER, COPIES OF LAST THREE (3) RENT RECEIPTS OR LEASE
   c. COPIES OF ANY OTHER RECENT BILL(S) OR DOCUMENTATION VERIFYING CURRENT ADDRESS (i.e. cable, phone, cell phone bills, etc.)
I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILFULLY FALSE, I AM SUBJECT TO PUNISHMENT.

DATE

APPLICANT'S SIGNATURE

DATE

OTHER SIGNATURE
( IF APPLICANT IS LEGALLY/LEGITIMATELY UNABLE TO SIGN OR IF APPLICANT IS NOT THE ACTUAL DRIVER)

RESIDENTIAL HANDICAPPED PARKING APPLICATION