



**TOWNSHIP OF NORTH BERGEN**  
**DEPARTMENT OF PUBLIC SAFETY**  
**DIVISION OF HANDICAPPED PARKING**  
**4233 KENNEDY BOULEVARD, NORTH BERGEN, N.J. 07047**  
Tel: (201) 392-2031 Fax: (201)330-7248

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, N.J. 07047, Attention: Gilda Saladrigas.

The following is an outline of the **NECESSARY STEPS** involved in the process of applying for a designated 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*



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**APPLICATION FOR RESIDENTIAL HANDICAPPED PARKING SPACE**

DATE OF SUBMISSION: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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 typed consent letter for parking space from landlord/property owner(s) as per Township Ordinance)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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DESCRIBE PHYSICAL DISABILITY/DISABILITIES: \_\_\_\_\_

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

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NAME AND ADDRESS OF OWNER OF MOTOR VEHICLE:

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

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**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. M.V.C. DISABLED PERSON IDENTIFICATION CARD

**2. AN ORIGINAL [TYPE-WRITTEN] LETTER ON YOUR PHYSICIAN'S OFFICIAL LETTERHEAD (NOT PRESCRIPTION PAPER), WHERE YOUR PHYSICIAN(S) CERTIFIES YOUR DISABILITY/DISABILITIES AND EXPLAINS THE NEED FOR A RESIDENTIAL 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, COPY OF RENTER LEASE OR C.O. (CERTIFICATE OF OCCUPANCY)
- 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)

# NB Handicapped Parking Application Document Checklist

Copies of:

- N.J. Driver's License/Identification Card (*For Applicant and Driver*)
- Vehicle Insurance Card
- Vehicle Registration
- N.J. MVC "Disabled Person Identification Card" (*This card is issued at the Motor Vehicles Commission with the handicapped placard/plates*)

Original:

- Physician's Letter (*On Doctor's Letterhead NOT a prescription*)  
*\*\*\*AND any supporting documentation for disability*
- Homeowner's Consent Letter (*If you rent and are NOT the home/property owner this letter MUST BE submitted to grant permission to the applicant and township for the issuance of a handicapped space on the property*)

Copies of:

- Last 3 Months of Utility Bills (*Electricity or Water Bill – if you are renting and do not pay for utilities please include in homeowner's letter*)
- Renter Lease Agreement OR Most Recent Tax/Mortgage Payments
- Proof of Residency – Any Recent Bill/Documentation  
(*ex. Cable bill, cell phone bill, or bank statement for both Applicant and Driver*)