

TOWN OF SECAUCUS APPLICATION DESIGNATED PARKING SPACE FOR PERSON WITH A DISABILITY

Please attach a photocopy of your valid New Jersey Motor Vehicle Handicapped I.D. card (s)

NAME OF APPLICANT:			
ADDRESS:			
EMAIL ADDRESS:			
TELEPHONE NUMBER:			
NAME (S) OF DISABLED PER	RSON (S):		
TYPE OF DWELLING:	CIRCLE ONE:	ONE FAMILY	
		TWO FAMILY	
		OTHER (SPECIFY):	
	PLEASE ANSWER ALL QUES	STIONS	
1. IS THE HOUSE IN WHICH YOU LIVE ON A CORNER LOT?		? YES NO	
2. DOES THE HOUSE HAVE A DRIVEWAY?		YES NO	
3. DOES THE HOUSE HAVE A GARAGE?		YES NO	
4. DOES THE HOUSE F	HAVE YARD SPACE THAT CAN		
ACCOMMODATE O	ONE OR MORE VEHICLES?	YES NO	

5.	IS THE APPLICANT THE TENANT OR OWNER				
	OF THE PROPERTY?	TENANT	OWNER		
6.	IF A PARKING SPACE IS PROVIDED IN FRONT OF YOUR RESIDENCE, WILL YOU USE SUCH				
	DESIGNATED PARKING SPACE FOR THE <u>VEHICLE</u> (S) USED TO TRANSPORT TH	IE PERSON (S), OR		
	PARK IN A NON-DESIGNATED SPACE?	YES	NO		
7.	HOW OFTEN WOULD THIS PARKING SPACE BE US	ED?			
8.	ARE THERE ANY SPECIAL CIRCUMSTANCES RELAT	ING TO YOUR SITUATION T	HAT YOU WOULD		
	LIKE THE GOVERNING BODY TO CONSIDER IN REVIEWING THIS REQUEST?				
IF PROPERTY HAS A DRIVEWAY, YOU MUST PROVIDE AN EXPLANATION IN WRITING AS TO WHY YOU					
CANNOT USE YOUR DRIVEWAY.					
			•		
		DATE.			
		DAIE:			
	4 DD1 104 517 10 510	ALATUDE:			
	APPLICANT'S SIG	NATURE:			