



**CITY OF BELLEVUE
 DISABLED PARKING APPLICATION
 616 POPLAR STREET
 BELLEVUE, KENTUCKY 41073
 PHONE: 859-431-8866 FAX: 859-261-8387**

SECTION 1 (To be completed by applicant)

The individual for whom the on-street handicap parking space is requested shall complete this application. **APPLICATIONS EXPIRE ANNUALLY ON JUNE 30TH.**

Name of Applicant: _____

Address: _____

Phone Number of Applicant: _____

Does the applicant permanently reside at the above address? YES NO

Does a licensed driver permanently reside at the above address? YES NO

Is a vehicle registered at the above address? YES NO

Serial Number of Vehicle (required): _____

Does the applicant have any form of off street parking (Including a parking pad, garage, carport or driveway)? YES NO (If yes, which type: _____)

Has another disabled parking spot been issued to the above address? YES NO

Is the above address located within or fronting a residential zone? YES NO

You must have one of the following in order to park in the disabled parking space:

Does the applicant have a disabled license plate? YES NO

If YES, provide license number: _____

Does the applicant have a disabled vet license plate? YES NO

If YES, provide license number: _____

Does the applicant have a permit issued by county clerk? YES NO

If YES, provide license number: _____

New applicants are required to submit a \$50.00 application fee. The fee does not apply to annual renewals.

I _____, agree to notify the City within 15 calendar days of any change in status that would discontinue the need for a disabled parking space such as, but not limited to, improvement of physical condition necessitating handicap parking space or a change in residency.

I hereby certify that the information above is correct and that I will abide by the terms and conditions of all laws, statutes and ordinances regulating the on-street handicap parking space.

(Signature of Applicant)

(Date)

SECTION 2 (To be completed by licensed physician)

TO THE PHYSICIAN: The purpose of a disabled on-street parking space is to provide assistance to those who are truly in need of such a space in accordance with state statute. The city does not advocate the issuance of disabled on-street parking spaces to individuals who have not met the requirements for the issuance thereof. We ask that you execute your signature only for an applicant who has a legitimate need as delineated below. **BY AFFIXING YOUR SIGNATURE BELOW YOU ARE AFFIRMING, UNDER PENALTY OF PERJURY, THAT THE APPLICANT MEETS ONE OR MORE OF THE REQUIREMENTS LISTED BELOW.** If a dispute arises regarding the legitimacy of the need for a disabled on-street parking space, you may be called upon to testify regarding your certification of need.

I certify under penalty of perjury, pursuant to KRS 186.042, that the applicant is a person who:

(Please Do Not Indicate Which Requirement)

- (a) Cannot walk two hundred feet without stopping to rest;
- (b) Cannot walk without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheel chair, or other assisting device;
- (c) Is restricted by lung disease to the extent that the person's forced respiratory and expiratory volume for one (1) second, when measured by spirometry, is less than one (1) liter, or the arterial oxygen tension is less than sixty (60) mm/hg on room air at rest;
- (d) Uses portable oxygen;
- (e) Has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association; or
- (f) Is severely limited in their ability to walk due to an arthritic, neurological or orthopedic condition.

(Signature of Physician)

(Date)

(PRINT NAME OF PHYSICIAN)

(Address of Physician)

(City)

(State)

(Zip Code)

(Telephone Number)

(Fax Number)