

# BOROUGH OF NEWPORT HANDICAP PARKING SPACE APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

Handicap License Plate #: \_\_\_\_\_

1. Documentation showing evidence of handicap plate? Yes \_\_ No \_\_  
(Attachment "A")

2. Affidavit provided giving full details, background and justification for this parking spot? Yes\_\_ No \_\_  
(Attachment "B")

3. Physicians report/letter received? Yes \_\_ No \_\_  
(Attachment "C")

Date of Approval: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Signature Authorizing Official: \_\_\_\_\_

Initial Filing Fee \$25.00 (new permit)  
(Non-Refundable)

Date Paid \_\_\_\_\_  
Check#/Cash \_\_\_\_\_

Temporary Permit Fee \$25.00  
(Each Occasion - Non-Refundable)

Date Paid \_\_\_\_\_  
Check#/Cash \_\_\_\_\_

Permanent Fee \$100.00  
(Annual - Non-Refundable)

Date Paid \_\_\_\_\_  
Check#/Cash \_\_\_\_\_

(2)

**Penalties:** Any individual who submits a false application or violates any provision of Ordinance #366, upon conviction, will be fined \$600.00 and costs, or imprisonment of not more than ninety (30) days or both. Each application submitted shall constitute a separate offense.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I the above signed have read the penalties provision and understand the consequences of falsifying this application request.**