

**BIENNIAL RENEWAL APPLICATION
FOR HANDICAPPED PARKING SIGNS
VILLAGE OF NORRIDGE**

TO: President and Board of Trustees
Village of Norridge

ATTENTION: Village Clerk

RE: Chapter 9, Article 6, Section 28 – of the Revised Municipal Code of the Village of Norridge.

(Applicable Village Ordinance/Parking for Handicapped)

PLEASE PRINT ALL REQUIRED INFORMATION, EXCEPT FOR SIGNATURES OF RESIDENT AND PHYSICIAN.

All requested information must be filled in and this renewal request must be signed by both the attending Physician and the Norridge resident on whose behalf the handicapped signage is to be continued. In the event the resident is unable to sign this form, those having legal Power of Attorney for the applicable handicapped Norridge property owner may sign this renewal request.

NOTE: THIS FULLY COMPLETED RENEWAL APPLICATION MUST BE RETURNED TO THE ATTENTION OF THE CLERK OF THE VILLAGE OF NORRIDGE WITHIN 60 DAYS FROM THE DATE (*) OF THIS NOTICE OF REQUIRED RENEWAL.

FAILURE TO COMPLY WILL RESULT IN THE IMMEDIATE REMOVAL OF ALL EXISTING HANDICAPPED SIGNS AND THE RELEVANT VILLAGE ORDINANCE WILL BE AMENDED ACCORDINGLY.

LOCATION OF
EXISTING HANDICAPPED SIGN (S):

Norridge, Illinois 60706

CONTINUE TO PROVIDE
FOR THE BENEFIT OF:

(Disabled Person (s) on whose behalf sign(s) are still necessary)

RE-REQUESTED BY:

(Name of person requesting)

(Street address of person requesting, if different from Disabled Person)

(City / State of person requesting)

(Relationship to handicapped person (s), of person requesting)

PLEASE PROVIDE THE FOLLOWING CURRENT INFORMATION FOR THE PRIMARY VEHICLE (S) USED TO TRANSPORT THE DISABLED PERSON.

VEHICLE 1: _____
(Owner's name and relationship, if other than applicant)

(Make / Model / Year /Color)

(Owner's license plate number)

VEHICLE 2: _____
(Owner's name and relationship if other than applicant)

(Make /Model /Year /Color)

(Owner's license plate number)

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VILLAGE OF NORRIDGE (PAGE TWO)**

In addition to this signed and completed renewal application (consisting of 2 pages), the following items must be included with the re-application in order for the existing handicapped signage to remain in place:

() Valid copy of your State of Illinois Handicapped License Plate Registration

OR

() Valid copy of your Handicapped Placard issued by the State of Illinois

() Copy of Power of Attorney, if applicable

I hereby reapply for handicapped parking signs and certify that my physical condition entitles me to the continuance thereof. I am aware that a valid person-with-disabilities parking device (whether license plates or parking placard), approved and issued by the Illinois Secretary of State, must be used to park in a designated handicapped parking space within the Village of Norridge only when I am a passenger in the vehicle.

PHONE NUMBER (S)

**SIGNATURE OF
RESIDENT**

Day: () _____

OR OTHER: _____ (___ / ___ / ___) **Eve:** () _____

(Signature & date required)

(Circle one – Resident/Other)

CONDITION / NEED: _____

- ___ Cannot walk without the assistance of another person, prosthetic device, wheel chair, or other assistance
- ___ Is restricted by lung disease to such a degree that the person's forced (respiratory) expiratory volume (FEV) in one second, when measured by/with spirometry, is less than one liter.
- ___ Uses portable oxygen
- ___ Has a Class III or Class IV cardiac condition according to the standards set by the American Heart Association
- ___ Is severely limited in ability to walk due to an arthritic, neurological, or orthopedic condition

**LENGTH OF
DISABILITY**

___ Permanent ___ Temporary - state duration (minimum 3 mths.) ___
(maximum 9 mths.)

PHYSICIAN'S NAME: _____ (Please Print)

PHYSICIAN'S ADDRESS: _____ (Please Print)

PHYSICIAN'S PHONE NUMBER: () _____ (Please Print)

I hereby certify that the physical condition of the person with disabilities listed herein qualifies as a person with disabilities as described under 625 ILCS 5/1 – 159.1 (as defined on the Illinois Secretary of State application for disabled person's license plates and/or parking placard).

**SIGNATURE OF
PHYSICIAN:**

_____ (___ / ___ / ___)
(Signature and date required)

PHYSICIAN'S LICENSE NUMBER

NOTE: Handicapped parking signs are put in place on the municipal parkway and/or public (not private) easement based upon the specific location pertaining to the applicant's request, and, although the signs and applicable ordinance are in force due to the specific handicapped needs of the applicant, the ordinance is written for a specific geographic location, not for the specific applicant. Therefore, the signs are not transferable from one person to another.

In addition, please note that anyone with a State handicapped placard or license plate has the legal right to park in the handicapped location, which is a public right-of-way.

The Village also requests that if your situation changes the need for handicapped signs, i.e. improvement in medical condition, sale of home, etc., you must notify the Village promptly.