

**APPLICATION FOR HANDICAPPED PARKING SIGN(S)
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 request must be signed by both the attending Physician and the Norridge resident on whose behalf the handicapped signage is to be provided, unless the resident is unable to sign, in which case this request may be signed by those having been given legal power of attorney for the applicable handicapped Norridge property owner.

NOTE: THIS APPLICATION MUST BE RETURNED TO THE ATTENTION OF THE CLERK OF THE VILLAGE OF NORRIDGE WITHIN 60 DAYS FROM THE DATE OF THE PHYSICIAN'S SIGNATURE. FAILURE TO DO SO WILL RESULT IN REJECTION OF THE APPLICATION.

DATE: _____ / _____ / _____

REQUESTED LOCATION
OF HANDICAPPED SIGNS: _____
(Street location/location of signage)

Norridge, Illinois 60706

PROVIDED FOR: _____
(Disabled person(s) on whose behalf sign(s) are necessary)

REQUESTED BY: _____
(Name of person requesting)

(Street address of person requesting, if different)

(City/State of person requesting)

(Relationship to handicapped person (s), if other)

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE PRIMARY VEHICLE(S) USED TO TRANSPORT THE APPLICANT.

VEHICLE 1: _____
(Owner's name and relationship if other than application)
_____/_____/_____/_____
(Make / Model / Year / Color)

(Owner's license plate number)

VEHICLE 2: _____
(Owner's name and relationship if other than application)
_____/_____/_____/_____
(Make / Model / Year / Color)

(Owner's license plate number)

In addition to this signed and completed application (consisting of 3 pages), the following items must be included with the application in order for it to be considered for approval by the Village Board:

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

OR

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

I hereby, apply for handicapped parking signs and certify that my physical condition entitles me to the issuance thereof. I am also 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 not be used, nor am I to park in a designated handicapped parking space within the Village of Norridge unless I am a passenger in the vehicle.

SIGNATURE OF _____ Daytime phone number: _____
RESIDENT OR _____
OTHER: _____ Evening phone number: _____

(Signature and date required)

NOTE: All requests for handicapped parking are brought before the Village Board for approval or denial. The 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 notify the Village promptly.

**APPLICATION FOR HANDICAPPED PARKING SIGN(S)
VILLAGE OF NORRIDGE
PHYSICIAN'S INFORMATION**

APPLICANT'S NAME: _____

The above applicant has applied to the Village of Norridge for a Handicapped Parking Sign. Please complete the information requested below in its entirety and return it to the patient as soon as possible.

CONDITION/NEED: _____

_____ Cannot walk without the assistance of another person, prosthetic device, wheelchair, or other assistive device.

_____ Is restricted by lung disease to such a degree that the person's forced (respiratory) expiratory volume (FEB) in one second, when measured 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 the person's ability to walk due to an arthritic, neurological, or orthopedic condition

LENGTH OF DISABILITY _____ Permanent _____ Temporary-state duration (minimum 3 months.) _____
(maximum 9 months)

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 herewith constitutes him/her 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