



ROSELLE POLICE DEPARTMENT

CHIEF GERARD J. ORLANDO
210 Chestnut Street, Roselle, NJ 07203

Date: _____

APPLICANT:

NAME: _____

ADDRESS: _____

PHONE #: _____

Dear Sir or Madam:

Pursuant to *N.J.S.A. 39:4-197.6* you have requested the Borough of Roselle to locate a personalized handicapped parking space in the front of your residence.

The above statute authorizes Mayor and Council, after proper investigation, to authorize the establishment of a personalize handicap parking space provided that such parking space is not otherwise prohibited and the permitting thereof would not interfere with the normal flow of traffic.

In order for Mayor and Council to properly review this matter, the Police Department will initiate an investigation. You must provide the Police Department with answers to the questions set forth in the attached application form. The Police Department will then review your request and provide a recommendation to Mayor and Council.

If Mayor and Council agree to your request, you will receive a letter requesting the sum of \$150.00. Upon payment of that \$150.00, Mayor and Council will introduce the appropriate ordinance. Upon adoption of the ordinance, the Borough will install a handicapped parking sign at the location requested. This fee, together with the \$25.00 investigation fee, reimburses the Borough to some extent for the cost of publication of the ordinance, as well as the cost of the sign, installation, and investigation as to the need.

Finally, the statute and the ordinance require that the space be dedicated to the handicapped person only and that upon the handicapped person's vacating the residence, the handicapped parking space shall be eliminated



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PERSONALIZED HANDICAP PARKING SPACE APPLICATION

Pursuant to New Jersey Statute 39:4-197.7 the following is a request for the establishment of a personalized Handicap Parking Space and the installation of Handicap Parking Sign.

Personalized Handicap Parking Space Application -- **\$25.00 (check or money order) fee must accompany application.** If Mayor and Council approve the application, **an additional fee of \$150.00 (check or money order)** is to be paid prior to adoption of the ordinance.

Case Number (PD WILL ASSIGN): _____ Date: _____

Name: _____

Address: _____

Telephone No.: _____

Name of property owner if other than applicant: _____ Tel. No.: _____

Applicant's Driver's License #: _____

License Plate #: _____

Is the building a single family _____ two family _____ multi family _____

Is there a driveway on your property? _____

If yes, the length _____

Is there a garage on the property? _____

If so, how many? _____

Has any other resident been issued a handicapped parking space which is still in existence? _____

If yes, set forth the location: _____

Special Identification Card No.: _____

Date Issued: _____ Date Expired: _____

Nature of Disability: _____

Signature of Applicant: _____

**Completed application is to be returned to the Police Department's Record Bureau
Mon to Fri 9 to 4:30, 908 259-4019 or 908 259-4029**