



505 Commonwealth Ave.

Erlanger, KY 41018

(859) 727-2525

## ON-STREET HANDICAP PARKING APPLICATION

Please print.

New \_\_\_\_\_ Renewal \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Indicate the type of handicap designation of the applicant:

a. Handicap license plate (include plate #) \_\_\_\_\_

b. Disabled Veteran License plate (include plate #)  
\_\_\_\_\_

c. Handicap parking permit (include permit #) \_\_\_\_\_

Do you, or any other member of your immediate family operate a motor vehicle that will use this space on a daily basis? Yes \_\_\_\_\_

No \_\_\_\_\_

Provide \_\_\_\_\_ make, \_\_\_\_\_ model \_\_\_\_\_ and plate# \_\_\_\_\_

Does the applicant have available off-street parking on property referred to above?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide length and width: \_\_\_\_\_

Have any other members of your household been granted on-street handicap parking space? Yes \_\_\_\_\_ No \_\_\_\_\_

Can vehicles legally park on the same side of the street as applicants residence?

Yes \_\_\_\_\_ No \_\_\_\_\_

**FEE**

A \$100.00 fee must be paid once approved, checks should be made to the City of Erlanger.

Please provide a brief description as to why the on-street handicap parking space is needed:

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**RENEWAL**

Applications must be renewed by July 30th of each year, failure to do so shall be grounds for removal of the handicap parking sign. Bring your "Hang Tag" or copy of your registration receipt with you at the time of application or renewal. Pursuant to Ord.# 2436.

Residential on-street handicapped parking spaces are NOT reserved for the exclusive use of any individual. Any handicap person having the proper handicap designation on a vehicle may use an on-street handicap parking space.

Applications are submitted at: Erlanger City Building  
505 Commonwealth Avenue  
Erlanger, KY 41018  
(859) 727-2525

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If you are completing this application for someone else please state your relationship: \_\_\_\_\_

**APPROVED**

**DENIED**

Reason if Denied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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