

**City of Hoboken, New Jersey**  
**Subcommittee for Handicapped Parking 2010**

Handicapped Parking Zone

This form is to be included with the application.

To be in compliance with the city ordinance granting parking for the handicapped you must:

- Include a copy of a valid handicapped person identification card and placard.
- Include a copy of a valid New Jersey driver's license indicating handicapped status.
- Include a copy of a valid vehicle registration and a copy of your vehicle license plates indicating handicapped status as issued by the State of New Jersey, Division of Motor Vehicles.
- Transport yourself or be the parents or legal guardians of developmentally handicapped children residing on a full-time basis within the same household.
- NOT have a driveway, carport, garage or off-street space available for your use.
- Have lost the use of (1) or more lower limbs as a consequence of paralysis, amputation or other PERMANANT disability which severely limits ambulation.
- Include all medical information pertinent to your handicap and a doctor's statement attesting to your permanent disability.
- Understand that you may be asked to appear before the Subcommittee on Handicapped Parking.
- Understand that you may be asked to submit to a medical examination by a physician chosen by the subcommittee
- Understand that the Committee meets monthly (excluding July and August).
- Include the processing fee of \_\_\_\_\_, \_\_\_\_\_ which is refundable upon denial of application.
- Understand that upon approval of a handicapped-parking zone by the City Council, you must submit a renewal application each year including copies of your license, registration, placard and a \_\_\_\_\_ renewal fee.
- Read the enclosed ordinance carefully.

**\*NOTE:** The owner of the vehicle must be the applicant



Office of the City Clerk  
 94 Washington Street  
 Hoboken, N.J. 07030  
 201-420-2070

APPLICATION FOR A HANDICAPPED PARKING ZONE

Section 1 — Personal Data

Initial Fee \$130.00

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Name \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

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

Home phone (    ) \_\_\_\_\_ Office Phone (    ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Person for whom parking zone is requested \_\_\_\_\_

Relationship to applicant \_\_\_\_\_ Age \_\_\_\_\_

Type of Disability \_\_\_\_\_

Section 2 — Driver and Vehicle Information

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Driver's License Number \_\_\_\_\_

Vehicle Registration \_\_\_\_\_

Make and Model of Vehicle \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Section 3 — Hoboken Police Department Report

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License Check \_\_\_\_\_

Vehicle Registration Check \_\_\_\_\_

Other Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicants: Please complete Sections 1, 2, 4 and 5 of this form.

H.P.D. Signature

Date

**Section 4 — Your Attending Physician**

Name

Address

Specialty

**Section 5 — Medical History**

Please explain in detail the nature of the disability. You may attach any supporting medical documents to the application.

Applicant's signature

Date

