

**GENERAL INFORMATION
APPLICANTS FOR SPECIAL ON-STREET PARKING ZONES
FOR DISABLED OR HANDICAPPED PERSONS**

The following general information is provided for your use in determining eligibility and understanding the terms and conditions under which residents will be allowed to participate in this program.

Intent: The intent of Section 5-9-7A of the Municipal Code (Ordinance No. 91-46) and the rules and regulations established for this program is to afford disabled and handicapped residents accessibility to their residences while imposing certain restrictions and limitations upon participation to insure that the Village does not experience a proliferation of handicapped parking zones on its public streets.

Reservation of Zone: If you meet the criteria established in Section 5-9-7A of the Code and the rules and regulations of this program, you may upon the payment of the necessary fee, have a restricted handicapped parking zone established in front of your residence. Although intended for your use, the zone will not be reserved for your individual vehicle and it is possible that from time-to-time other vehicles displaying the appropriate handicapped license or designation placards may use this handicapped parking zone. Should you find that other handicapped vehicles are regularly parking in the space reserved for your use, please contact the office of the Village Administrator.

Qualifications for Participation: In order to participate in this program, the application must be made by or on behalf of a disabled or handicapped person. The application must include the medical certification form along with the other documents listed on the application form.

Availability of Off-Street Parking: Section 5-9-7A of the Code specifically provides that reserved residential street parking shall not be provided to any household or any person thereof if the occupants of the residential unit own, rent or have regular use of private driveways, carports or garages that give convenient access to the dwelling of the disabled or handicapped person.

Total Number of Handicapped Parking Spaces Reserved to be No More Than Twenty-Five Percent (25%) of Available Parking: The Ordinance restricts the implementation of reserved parking for disabled or handicapped persons to no more than twenty-five percent (25%) of the available parking spaces on each side of a block. Should reserved parking for handicapped persons exceed that percentage of the available parking space on any given block within the village, no additional handicapped parking privileges will be granted.

Variance from Ordinance Provisions: The Village Board of Trustees has established a variance procedure as a part of Section 5-9-7A of the Code. This procedure permits residents who may not be able to meet all of the requirements stipulated in the ordinance to qualify for a reserved parking space for a disabled or handicapped person to request a variance from the provisions of the Code. All variance requests must be made on the appropriate form (form attached to application packet) and will be forwarded to the Traffic Safety Commission for review and decision. All decisions of the Traffic Safety Commission with regard to variances will be final.

Change in Status of Handicapped Person: If a handicapped or disabled person no longer meets the requirements of this ordinance for a reserved space due to death, change of address, or relocation to another housing facility, it is the duty of the applicant for this special parking privilege to notify the office of the Village Administrator of the Village of Morton Grove, **immediately**, so that signs can be removed.

Renewal: Each reserved parking space on a public street, granted under this chapter, must be renewed annually by May 1 of each year. A renewal application packet will be sent to current permit holders prior to the renewal date. The applicant's cancelled check will serve as a receipt and as proof of renewal for an additional year.

Questions or Need for Sign Maintenance: Should you have questions or concerns about any aspect of this program or should the signs placed adjacent to your residence require service or maintenance you may contact the office of the Village Administrator by calling 847/965-4100.

Copies of Ordinance Available: Copies of the complete text of Ordinance No. 91-46 are available upon request by contacting the office of the Village Administrator.

VILLAGE OF MORTON GROVE APPLICATION FOR INSTALLATION (RENEWAL)
OF RESERVED PARKING ON RESIDENTIAL STREETS
FOR DISABLED AND HANDICAPPED PERSONS

Please **complete this form** and **attach the documents** indicated below.

As the owner of the vehicle upon which the disabled or handicapped named below relies for his/her primary mode of transportation, I hereby apply for reserved residential parking for the disabled or handicapped person signs. I certify that this is the only vehicle for which application has been made by the household of said handicapped person.

Applicant's Name Phone Number

Applicant's Street Address City Zip Code

Location Where Handicapped Parking Stall is Requested (Street Address and Approximate Measurements, if applicable)

Driver's License Number Make, Model and Year of Vehicle License Plate Number

Name of Handicapped Person Age Applicant's Relationship to Handicapped Person
(if different)

Is the handicapped person a resident of an educational, vocational or custodial institution or program?

_____ Yes _____ No
If "Yes", attach a letter on official letterhead from the institution or program which states the number of days the handicapped person was in residence during the past year (or, alternatively, which lists the dates on which the individual was not in residence).

Is there off-street parking at the above address? _____ Yes _____ No

If "Yes", is it accessible to the handicapped person? _____ Yes _____ No

If not accessible, explain why the off-street parking cannot be used (additional paper may be used for your explanation):

The following documents must be attached to this completed application at the time of submittal.

- _____ Medical Certification Form, Exhibit "A"
- _____ Copy of current Illinois Vehicle Registration Card
- _____ Current IL Handicapped Parking ID Card (if vehicle does not have handicapped or DV plates)
- _____ Appropriate fee, \$60 for installation, \$20 for renewal (checks payable to **Village of Morton Grove**)
- _____ Letter from residential program attended by handicapped person (if applicable)
- _____ Request for variation, Exhibit "B" (if necessary)

The applicant, by affixing his/her signature to this application affirms that the information provided is true and correct and identifies that he/she has read and understands the eligibility criteria and the provisions of this program. No application without signature will be considered.

Signature of Applicant

Date

*****Office Use Only*****

Date Application Submitted: _____ Date Signs Installed: _____

_____ IL VR Card (w) _____ IL VR Card (DV) _____ IL VR Card ® _____ IL ID Card _____ Med. Form

I have inspected the premises and found that off-street parking is not available or accessible for the handicapped person and that on-street parking space is available for a handicapped parking place.

Building Commissioner Signature/Date

I have spoken with the applicant and/or the handicapped person, reviewed the documents submitted along with this application, and find the applicant/person designated as handicapped and eligible for a handicapped parking zone.

Assistant Director of Health & Human Services Signature/Date

Having reviewed the application and the attached documents, I hereby approve installation of a handicapped parking zone adjacent to the residential location specified in this application.

Village Administrator Signature/Date

EXHIBIT "A"
MEDICAL CERTIFICATION OF AMBULATORY DISABILITY
FOR RESERVED RESIDENTIAL PARKING
FOR DISABLED OR HANDICAPPED PERSON'S PROGRAM

(Please type or print all information)

NAME: _____

_____ STREET ADDRESS CITY/STATE ZIP CODE

TO THE PHYSICIAN:

To qualify for a reserved residential parking space, a resident must have a **permanent** disability which sufficiently incapacitates the individual to meet the following definition:

HANDICAPPED PERSON Chapter 95-1/2, Par. 1-159.1, Illinois Revised Statutes (pa83-1058) "Every natural person who is unable to walk 200 feet or more unassisted by another person or without the aid of a walker, crutches, braces, prosthetic device, or a wheelchair or without great difficulty or discomfort due to the following impairments: neurological, orthopedic, respiratory, cardiac, arthritic disorder, blindness, or the loss of function or absence of a limb or limbs.

Please indicate the qualifying impairment, check aids necessary, and briefly describe the applicant's condition.

IMPAIRMENT: _____ Neurological _____ Orthopedic _____ Respiratory _____ Cardiac _____ Blindness
_____ Arthritic Disorder _____ Loss of function/absence of limb(s)

AID(S) USED: _____ Wheelchair _____ Walker _____ Brace(s) _____ Cane(s) _____ Crutches
_____ Prosthetic Device _____ Another Person

CONDITION: _____

I hereby certify that the physical condition of the handicapped person named above is permanent and constitutes him/her as a handicapped person as described under Section 1-159.1 of the Illinois Revised Statutes (reprinted above).

DATE: _____

PHYSICIAN'S NAME: _____

ADDRESS: _____

PHYSICIAN'S SIGNATURE

PHYSICIAN'S LICENSE NUMBER

EXHIBIT "B"
REQUEST FOR VARIATION TO ORDINANCE PROVISIONS
RESERVED RESIDENTIAL PARKING
FOR DISABLED OR HANDICAPPED PERSON'S PROGRAM

(Please type or print all information)

The Village Code of Morton Grove stipulates that, "The provisions for reserved residential street parking shall not be applicable to any household or any person therein if any member thereof owns, rents or has regular use of private driveways, carports or garages (or similar off-street parking) that give convenient access to the dwelling of the handicapped person."

The provisions of the program further stipulate that seasonal weather conditions such as heavy snows are not sufficient grounds for a variation.

APPLICANT'S NAME _____

ADDRESS _____

The above names applicant hereby certified that the existing off-street parking at the above address does not give convenient access to the dwelling of the handicapped person for the following reasons. Give a brief but explicit justification:

SIGNATURE OF APPLICANT: _____