

CITY OF CHARLESTON

RESIDENTIAL HANDICAP PARKING SPACE PERMIT APPLICATION

WV Handicap Permit No. _____

Permit Expiration Date _____

(Please Type or Print)

Complete all of the following information:

Applicant Name (First, Middle, Last)	
Street Address	Telephone

I am physically disabled in a way that makes it difficult or impossible for me to walk and I certify that I am a resident of the above address

Signature _____ **Date** _____

MEDICAL CERTIFICATION

Residential Handicap Parking Space

(Must be completed by the **Attending Physician Licensed to practice medicine in the State of West Virginia**).

Applicant Name
Physician
Address

Temporary Disability Statement: (6 months or less)

I hereby certify that the above named individual has a temporary disability that makes it difficult or impossible for him/her to walk.

Temporary Disability Length: _____ **Months** _____ **Weeks**

Physician Signature _____ **Date** _____

Permanent Handicap Statement:

I hereby certify that the above named individual has a permanent disability that makes it difficult or impossible for him/her to walk.

Physician Signature _____ **Date** _____

(Please see reverse side of instructions)

Instructions for completing the Application Form on the reverse side of this sheet

ELIGIBILITY:

Any resident who resides at the address shown on this application who has a temporary or permanent disability that makes it difficult or impossible to walk and has obtained a State of West Virginia Handicap Parking Permit

INSTRUCTIONS:

- 1) Complete the entire top portion of this application and sign.
- 2) The **MEDICAL CERTIFICATION** must be completed by the attending physician Licensed to practice medicine in the State of West Virginia.
- 3) Mail complete application to: **City of Charleston
Traffic, Parking and Transportation Department
612 Washington Street, E.
Charleston, West Virginia 25301**

COMMENTS: