



City of Muncie – Dept. of Public Works
5790 W Kilgore Av. Muncie, IN 47304
Telephone: 765-747-4878 Fax: 747-4794

INSTRUCTIONS

This form is to be used to apply for special parking privileges from the Board of Public Works and Safety of the City of Muncie in accordance with Section 77.30 of the Muncie Code of Ordinances.

1. A copy of this application must be filled out and submitted to the Muncie Street Department/City Engineer's Office 5790 W. Kilgore Avenue, Muncie, IN 47304 for each permit requested.
2. The location of the space must be provided in sufficient detail to allow a member of the City Engineer's Office to locate the space from the information given on this application.
3. A diagram of the area showing the location of the parking space must accompany the application.
4. The Physician's Verification must be signed by a licensed physician (doctor) of the State of Indiana.
5. Photocopy of Disabled Parking Identification Permit or Vehicle Registration is required.
6. If off-street parking is available, the applicant **must** appear in person at the designated weekly public meeting of the Board to explain the circumstances which necessitate an on-street handicapped parking space.
7. Handicapped parking spaces shall not be assigned on non-curbed streets.
8. Each assigned handicapped parking space must be renewed every two (2) years.



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Application for Residential Handicapped Parking Space

(See Instructions on Separate Sheet)

Name of Applicant _____

Address of Applicant _____

Telephone Number _____

Is requested space adjacent to Residence: (Yes) or (No)

Address of Parking Space _____

On which side of street (North) (East) (South) or (West) circle one

Number of feet from nearest intersection or alley _____

Do you have off-street parking available: (Yes) or (No)

***** Attached diagram on 8x11 street of paper showing above information and other relevant information helpful in locating space to assist the City Engineer and Sign Department in marking your location.**

Signature of Applicant **Date**

PHYSICIAN'S VERIFICATION

I, the undersigned duly licensed physician within the State of Indiana, hereby verify that the above named applicant is disabled in a manner rendering it impossible or difficult and burdensome for him or her to walk extended periods of time.

Signature of Physician **Dated**

Printed Name of Physician

Mailing Address

Telephone #



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Handicapped Parking Sign Expires Two Years from Date of Installation

Engineer’s Report

Date Approved _____

Date of Disapproval _____

Comments:

Board of Works Approval

Approval Date for Renewal

Disapproval Date for Renewal

Linda Gregory, President

Linda Gregory, President

Jerry Wise, Vice-President

Jerry Wise, Vice-President

Ted Baker, Secretary

Ted Baker, Secretary

Approval of Renewal Application

Upon the expiration of two years from the date of installation of the above approved parking space, Applicant will be contacted. At that time, an updated copy of the Disable Parking Identification Permit must be provided.

Approval Date for Renewal

Disapproval Date for Renewal

Linda Gregory, President

Linda Gregory, President

Jerry Wise, Vice-President

Jerry Wise, Vice-President

Ted Baker, Secretary

Ted Baker, Secretary