

CITY OF ZANESVILLE

APPLICATION FOR INSTALLATION/RENEWAL OF HANDICAP PARKING SIGN Department of Community Development

NAME OF APPLICANT: _____

NAME OF HANDICAPPED: _____ RELATIONSHIP: _____

ADDRESS OF APPLICANT: _____

STREET ADDRESS OF HANDICAP PARKING SIGN: _____

PHONE NUMBER: _____ DRIVER'S LICENSE # _____

STATE OF OHIO DISABLED PARKING IDENTIFICATION PERMIT # _____

EXPIRATION DATE OF OHIO PERMIT: _____

This parking space shall be designated for ALL vehicles identified with "Ohio Disabled Parking".

SIGNATURE OF APPLICANT

DATE: _____

APPROVED BY:

DIRECTOR OF COMMUNITY DEVELOPMENT

PERMIT # _____

DATE

Date Installation Fee Paid: _____ Amount Paid: _____

Date Maintenance Fee Paid: _____ Amount Paid: _____

Date Sign Erected: _____

Date Sign Removed: _____

THIS HANDICAP PARKING SIGN SHALL EXPIRE ON AND BE RENEWED BY JUNE 30 OF EACH YEAR. OTHERWISE, THE SIGN SHALL BE REMOVED.

Copy: Street Department

(1/1/97)