

# 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".

DATE: \_\_\_\_\_

SIGNATURE OF APPLICANT

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)