STEVEN M. FULOP
MAYOR OF JERSEY CITY

CITY OF JERSEY CITY
DEPARTMENT OF ADMINISTRATION
DIVISION OF ENGINEERING, TRAFFIC & TRANSPORTATION
JERSEY CITY MUNICIPAL SERVICES COMPLEX | 13-15 LINDEN AVENUE EAST
JERSEY CITY, NJ 07305
P: 201 547 4470 | F: 201 369-7292

ROBERT KAKOLESKI
BUSINESS ADMINISTRATOR

# APPLICATION FOR A RESERVED PARKING SPACE

## DEPENDENT

Pursuant to City Ordinance 14.142, Sec. 322.69, all persons applying for a reserved parking space at their residence must certify their need through the application process. All recipients of a reserved parking space must renew their permit every two (2) years.

## INSTRUCTIONS:

Please read the following procedures carefully and upon its completion return the application along with supporting documents to:

Division of Engineering, Traffic and Transportation
Municipal Services Complex/13-15 Linden Avenue East, Jersey City, New Jersey 07305

Attention: Patricia Logan, Supervising Traffic Investigator
201.547.4492
PatriciaL@jcnj.org

**Please submit the following documents:**

1. **A completed application for a reserved parking space. Please be certain that all required signatures are on the application.**
   a. **Be certain to indicate all the places, not just Doctors visits, that you are transported to and from during the course of a week.**
   b. **An application filed by a tenant shall also be served upon the landlord. The Committee shall not approve any application made by a tenant without written proof that the landlord has received notice of the application**
2. **A photocopy of the designated driver's NJ Driver's license.**
3. **A photocopy of the designated driver's vehicle registration.**
4. **A photocopy of the designated driver's vehicle insurance card.**
5. **A photocopy of your NJDMV Disabled Person Identification Card.**
6. **Any recent medical reports supporting your disability.**
7. **If applicable, a photocopy of your Social Security Disability Award Letter**

Once your application, along with the requested supporting documents, is received the review process will begin to determine if you qualify for a reserved parking space at your residence.

Continued……

## RESERVED PARKING SPACE GUIDELINES

Pursuant to City Ordinance 14.142, Sec. 322-69

A. The City of Jersey City may, for good cause shown, establish by ordinance restricted parking zones in front of or near residences occupied by disabled drivers provided that such parking is not otherwise prohibited and does not interfere with the normal flow of traffic. No restricted parking zones will be established for persons who do not transport themselves and who do not possess a valid "handicapped person" identification card and placard or license plate issued by the State of New Jersey, Motor Vehicle Commission, pursuant to N.J.S.A. 39:4-205 AND 4-206 unless the Municipal Council determines that:

(1) The non-disabled driver resides in the same household as the disabled person and is a member of the immediate family of the disabled person (documentation must be provided).

(2) The disabled person needs to be transported at least five (5) days per week to work, school, or other educational or gainful activity. (Documentation must be provided detailing where, when and why the disabled person is transported).

(3) the disabled person's disability is such that it would preclude the disabled person from waiting on the sidewalk until the non-disabled driver arrives with the car or finds parking (documentation must be provided detailing the extent of the disability).

(4) The parking conditions in the disabled person's immediate neighborhood warrant this exception; and

(5) A reasonable person would deem it highly unusual and unjust to deny a restricted parking zone even in light of the competing demands for parking spaces within a given neighborhood.

B. No restricted parking zones will be established for applicants who have a driveway, carport, garage or off-street space available for their use unless the Municipal Council determines that:

(1) Such driveway, garage or space cannot accommodate the driver's vehicle, or

(2) The driver has need of a specially equipped vehicle which cannot be reasonably accommodated by such carport, garage or space.

C. The term "disabled" means a condition wherein a person has lost the use of one or more lower limbs as a consequence of paralysis, amputation, or other permanent disability or who is permanently disabled as to be unable to ambulate without the aid of an assisting device or whose ambulation is otherwise severely limited. In any case, the severity of the mobility disability shall be similar to or approximate disablement by reason of amputation.

D. Notarized applications for the establishment of restricted parking zones shall be filed with the Division of Engineering & Transportation which shall investigate each application for compliance with subsection (a) The application shall be accompanied by a medical evaluation from completed by the applicant's personal physician. The person physician shall include a Certification stating that the applicant has a mobility disability as described in Section 322-77C of this ordinance. Application forms and medical evaluation forms can be obtained from The Division of Engineering, Traffic and Transportation. Thereafter, the Division shall notify the applicant when and where to report for a medical examination or, in the alternative, shall notify the applicant of the person to contact to arrange such medical examination. The examining physicians shall be selected by the Municipal Council Committee for Parking for the Disabled. The cost of examination shall be borne completely by the applicant. The applicant shall bring to the examination any and all medical or other documentation which he or she believes relevant to the applicant's medical condition. Such documentation may include, but will not be limited to X-ray reports, C.T. scan reports, cardiograms, hospital and surgical records, and attending physicians' reports. If the examining physician does not possess adequate documentation to verify the applicant's eligibility under Sec. 332-77C and cannot by examination alone verify such eligibility, the applicant may be rejected. **An application filed by a tenant shall also be served upon the landlord.**

E. The Committee may, at its discretion, require further medical documentation. Applicants shall bear the cost of any such further medical documentation required by the committee. The Committee shall report its findings and recommendations to the City Council. **The Committee shall not approve any application made by a tenant without written proof the landlord has received notice of the application.**

F. If the City Council so approves, The Director of Architecture, Engineering, Traffic and Transportation shall establish a restricted parking zone in front of or near the residence of the applicant and shall issue a permit which complies with N.J.S.A. 39:4-197.7. Only the motor vehicle for which a valid permit has been issued shall be parking in such zone and only when the permit is properly displayed. Only (1) permit shall be issued to the applicant. No restricted parking zones, other than those granted by the Police Department in emergencies, shall be approved except in the manner provided in this Ordinance.

F. No more than two (2) restricted parking spaces shall be granted at any one (1) building address where the building is comprised of six (6) dwelling units or less, and no more than three (3) disabled parking spaces shall be granted at any one (1) building address where the building is comprised of between seven (7) dwelling units and forty (40) dwelling units and no more than four (4) restricted parking spaces shall be granted at any one (1) building address where the building is comprised of more than forty dwelling units. At any address from which a disabled parking space or spaces have already been granted, any additional permits approved for that address shall bear the same permit number as exists for the space already granted. Such space or spaces may be used by anyone possessing the correspondence numbered permit on a first come, first served basis. This provision shall apply only to applications approved or denied after the effective date of this amendment.

H. Restricted parking spaces and permits shall be valid for two (2) years, and shall be renewed thereafter in accordance with the requirements of this Article. A permit may be reviewed earlier if conditions concerning the applicant change.

I. Any party denied a restricted parking zone shall have the opportunity to request reconsideration of such decision. A letter requesting reconsideration must be received by the Division within twenty (20) days of the date of the notice of denial. The applicant will then be instructed to report for a reexamination with an examining physician and/or in appropriate cases; the committee, or its designee, may hold a hearing to reconsider any relevant evidence pertaining to the applicant's eligibility. As in the initial medical examination, costs for this reexamination shall be borne by the applicant. It shall be the applicant's responsibility to bring to the examination any and all documentation in support of his or her condition. The applicant will be notified by mail of the decision on reconsideration. No more than one (1) reconsideration will be given each applicant. Thereafter, the applicant may reapply after one (1) year has elapsed from the date of the notice of denial.

J. Any party willfully presenting false information or documentation to the Committee or found to be abusing any parking privileges granted under this ordinance shall be subject to loss and/or denial of such privileges.

**THE CITY OF JERSEY CITY**
**APPLICATION FOR A RESERVED PARKING SPACE FOR THE DISABLED**
**DEPENDENT APPLICATION**
**SECTION A**

**LAST NAME** **FIRST NAME** **M.I.**

_____

**HOME ADRESS** **ZIP CODE** **DAYTIME TELEPHONE NO**

_____

**DID YOU REPORT YOUR DISABILITY TO THE MOTOR VEHICLE COMMISSION?**

**YES _____ NO _____ SPECIAL IDENTIFICATION NUMBER: _____**

**DOES YOUR DISABLITY NECESSITATE THE USE OF A WHEELCHAIR? YES ____ NO ___**

**DOES YOUR DISABILITY NECESSITATE USE OF A WALKING AID? YES ___ NO ___**

**IF YES, WHAT TYPE? _____**

**LIST NATURE OF DISABILITY: _____**

Attach documentation from your Physician as to the extent of your disability and how, if you are left unattended while the driver arrives with or parks the vehicle, it may cause serious detriment or injury to your health. (please see attached form)

**LIST DAYS, TIMES AND LOCATIONS YOU NEEED TO BE TRANSPORTED IN A COURSE OF A WEEK.**

1. _____
2. _____
3. _____
4. _____
5. _____

Feel free to list any additional transport information on the back of the application.

**LIST** any outside services that the disabled individual may use to be transported, such as : **School Bus, Van Service, etc.**

**SIGNATURE OF APPLICANT: _____**

**NOTE: An application filed by a tenant shall also be served upon the landlord.**

## SECTION B

**TO BE COMPLETED BY THE DRIVER OF THE VEHICLE. PLEASE PRINT**

**LAST NAME** **FIRST NAME** **M.I.**

_____

**HOME ADRESS** **ZIP CODE** **DAYTIME TELEPHONE NO/CELL NO**

_____

**NOTE: AS REQUIRED, ATTACH PROOF OF RESIDENCY TO APPLICATION.**

**RELATIONSHIP TO APPLICANT?** _____

**IF YOU ARE EMPLOYED OUTSIDE OF YOUR HOME, PLEASE LIST YOUR PLACE OF EMPLOYMENT AND THE DAYS OF THE WEEK AND THE HOURS THAT YOU ARE AT YOUR PLACE OF EMPLOYMENT.**

_____

_____

**DRIVER'S LICENSE NO.** **STATE** **EXPIRATION DATE** **LICENSE PLATE NO.**

_____ _____ _____ _____

**DRIVEWAY OR CARPORT AT RESIDENCE? YES** _____ **NO** _____

**IF ANSWER TO ABOVE IS YES, DO YOU HAVE ACCESS TO THE DRIVEWAY OR CARPORT?**

**YES** _____ **NO** _____ **IF ANSWER IS NO, GIVE EXPLANATION:** _____

**SIGNATURE OF DRIVER:** _____

**NOTE: The Disabled Individual and the Designated Driver of the motor vehicle shall reside at the same address and the Driver shall be a member of the applicant's immediate family. Any party willfully presenting false information or documentation to the committee or found to be abusing any parking privileges granted under this ordinance shall be subject to loss and/or denial of such privileges.**

**Return Notarized Application to:**

**Division of Engineering, Traffic and Transportation**
**Municipal Services Complex/13-15 Linden Avenue East**
**Jersey City, New Jersey 07305**

**DISABILITY HISTORY (TO BE COMPLETED BY A LICENSED PHYSICIAN ONLY)**
**PLEASE PRINT INFORMATION**
**DEPENDENT**

**Name of Applicant:** _____

**D.O.B.** _____ **Address of Applicant:** _____

**Nature and Duration of Disability:** _____

_____

**Cause:** _____ **Date of Last Exam:** _____

**List all medications:** _____

**Is Disability Progressive?** **Yes** _____ **No** _____

**Please include a copy of a report from any X-RAYS, MRI, CAT SCAN, STRESS TEST, or any other test administered in the last year related to the individual's disability.**

**In your opinion can the applicant be left unattended while the driver arrives with or parks the vehicle without causing serious detriment or injury to their health?**

**Yes** _____ **NO** _____ **If answer to above is NO, kindly give supporting reasons:**

_____

**Has the applicant been declared totally disabled by the Social Security Administration?** _____

**If the disability described is musculoskeletal only in origin, does the applicant at any time require a walker, crutches, braces or a wheelchair: (Excluding any type of cane)**

**If answer to above is YES, list type:** _____

**If the disability described is pulmonary and/or cardiac in origin, does the applicant require oxygen therapy? Yes** _____ **No** _____

**CERTIFICATION OF APPLICANT'S PHYSICIAN**

**I affirm that the information presented in this application relating to the applicant's disability is accurate.**

_____ M.D. _____
**Signature of Physician** **Date**

_____ M.D. _____
**Print Name of Physician** **Address of Physician**