

HANDICAP PARKING SIGN REQUEST

Date Submitted: ___/___/

Applicant Information:

Last Name:	First Name:	Home Phone:
Street Address:		Cell Phone:

ATTENTION – Please Read Carefully:

- 1. You must meet ALL seven (7) of the criteria (listed below) in order to qualify.
- 2. If you meet ALL of the criteria, the Public Safety Director and/or a designee will review the request, inspect the property, approve or deny the request, and notify you by mail.
- 3. If you <u>do not</u> meet ALL of the criteria, no inspection will take place and your request will be denied.

If approved, you MUST contact the City of Cambridge upon moving to another location, so we may then remove the signage from this property!

1.	Do you have a ramp from the stree	t to the sidewalk that meets code? \Box Ye	s 🗆 No	
2.	Do you have a handicap placard fro	Copy		
	\Box Yes (Proceed to Question #3)	\square No (Stop here, you do not qualify)	Handicap Placard	
3.	Do you have a valid driver's license	Copy Driver's		
	\Box Yes (Proceed to Question #4)	\square No (Stop here, you do not qualify)	License	
4.	Are you the owner of the vehicle?		Copy Vehicle	
	\Box Yes (Proceed to Question #5)	\square No (Stop here, you do not qualify)	Registration	
5.	Do you rent or own the property?	Owner's Name:	Renting?	
	\square Rent \square Own	Address:	List Owner's Name, Address,	
		Phone:	& Phone	
6.	Do you have off-street parking (driveway, parking pad, etc.)?			
	□ Yes (Stop here, you do not qualify) □ No (Proceed to Question #7)			
7.	Do you have a garage or carport on the property of your residence less than 100' from house?			
/.	□ Yes (Stop here, you do not qualify) □ No (You may qualify)			

For Office Use Only:

□ Approved	□ Denied	Reason:

Robert Rocky F. Hill, Public Safety Director

Date

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