CITY OF CAMBRIDGE

RETURN APPLICATION TO:
Attn: Public Service & Safety Dept.
Cambridge Municipal Complex
814 Wheeling Avenue
Cambridge, OH 43725

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 street to the sidewalk that meets code?　☐ Yes　☐ No	
2.	Do you have a handicap placard from a licensed practitioner? ☐ Yes (Proceed to Question #3)　☐ No (Stop here, you do not qualify)	*Copy Handicap Placard*
3.	Do you have a valid driver's license? If not, does your spouse or caregiver? ☐ Yes (Proceed to Question #4)　☐ No (Stop here, you do not qualify)	*Copy Driver's License*
4.	Are you the owner of the vehicle? ☐ Yes (Proceed to Question #5)　☐ No (Stop here, you do not qualify)	*Copy Vehicle Registration*
5.	Do you rent or own the property? ☐ Rent　☐ Own	Owner's Name: _____ Address: _____ Phone: _____	*Renting? List Owner's Name, Address, & 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:

_____　　_____
Mark Baker, Public Safety Director　　　　　　　　　　*Date*