

The Township of Weehawken
400 Park Avenue
201-319-6022
Monday - Friday, 9:00 AM - 4:00 PM

Dear Applicant:

In keeping with the "Handicapped Person" guidelines, applicants need to fall specifically within the New Jersey State Statute, which clearly defines this person as "one who has lost the use of one or more 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 mobility is otherwise limited as certified by a physician with a plenary license to practice medicine and surgery in this state or bordering state."

Having a vehicle registered with either handicap plates or a handicap tag does not automatically qualify the applicant for a Restricted Parking Zone. One has to meet the above qualifications. Therefore, not all applicants will fall under these guidelines.

We take pride in working with our residents who genuinely need this privilege.

Very Truly Yours,

The Weehawken Handicap Parking Committee

Querido Apicante:

Cumpliendo con las guias de una "Persona Discapacitada," aplicantes necesitan estar especificamente dentro del New Jersey State Statute, que claramente delimita que esta persona es "uno que a perdido el uso de una o mas extremidades, amputacion, o otra discapacidad permanente, por ejemplo no poder caminar sin la ayuda de un mecanismo asistente o si la movilidad es de manera distinta limitada como certificado por un medico con licencia para practicar la medicina y cirujia en este estado o estados cercanos.

Teniendo un vehiculo registrado con una placa de discapacitado no califica automaticamente el aplicante para una zona de parqueo restringida. Uno tiene que cumplir las calificaciones mencionados arriba. Por lo tanto no todos de los aplicantes pueden caer debajo de estas leyes.

Somos orgullosos cuando se trata de trabajar con nuestros residentes que verdaderamente necesitan este privilegio.

Sinceramente,

El comite de parqueo

TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

For the Year Ending December 31, 20 __.

Name of Handicapped Applicant: _____

Address of Applicant: _____
WEEHAWKEN, NJ

Telephone No: _____ License Plate No: _____

Make/Model/Year of Vehicle: _____

1. Does the applicant live in the residence in front of which the restricted parking zone is sought? _____
2. Is the applicant a tenant or owner of home in front of which the restricted parking zone is sought? _____
3. Does the applicant hold a valid current New Jersey Driver License? Please attach a photocopy of the license? _____
4. Does the applicant own the vehicle sought to be parked in the restricted parking zone? _____
5. Does the applicant operate the vehicle sought to be parked in the restricted parking zone? _____
6. If the Division of Motor Vehicles has required that the vehicle sought to be parked in the restricted parking zone be equipped with special attachments or devices, is the vehicle so equipped? _____
7. Is there a driveway at the residence available for the applicant's use? If the answer to the above question is "Yes," **DO NOT FILE THIS APPLICATION.** _____

_____, the Applicant, of full age being duly sworn according to law, upon his/her oath deposes and says that all of the above information is absolutely true and correct in every detail.

Signature of Applicant

Sworn to and Subscribed before me this _____ day of _____ 20 __.

Notary

PLEASE NOTE: This application must be accompanied by an affidavit from your physician in the form supplied by the Township Clerk [copy of which is attached hereto]. The completed application must be approved by passage of Ordinance by the Township Council before a Restricted Parking Zone may be designated.

The Township reserves the right to have an applicant's handicap verified by the Township's physician, and at the Township's discretion, the applicant may be interviewed by the Handicapped Parking Committee. The Township also reserves the right to deny the designation of a restricted parking zone based on this affidavit, that of the applicant's physician, or the report of the Township's physician.

COPIES OF THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:

1. Special Vehicle handicap identification issued by the NJ Division of Motor Vehicles;
2. Driver License;
3. Vehicle Registration.

★ON APPROVAL ONLY, YOU WILL BE NOTIFIED.

★SERA NOTIFICADO SOLAMENTE, SI ES APROBADO.

TO: Physicians Completing Affidavits for Patients
Applying for Restricted Parking Zone

FROM: Rola Dahboul, Township Clerk

RE: Your Patient

The Weehawken Handicap Parking Committee, established by the Township Council to review applications filed by handicapped persons for restricted parking zones, has requested that certain information be supplied by you in affidavits completed by you for your patients. This information will better enable the Committee's physician member and the other Committee members to judge whether an applicant's disability fits within the statutory definition of "handicapped person."

The applicable New Jersey statute, N.J.S.A. 39:4-204 provides as follows:

N.J.S.A. 39:4-204. "Handicapped Person" defined.

"The term 'handicapped person' . . . shall include any person, who has lost the use of one or more 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 mobility is otherwise limited as certified by a physician with a plenary license to practice medicine and surgery in this state or bordering state."

If a patient has had a limb amputated, he or she clearly fits within the definition of the statute and no further explanation is necessary. However, a statement of some other condition or diagnosis in the affidavit without further explanation will result in a conditional denial of the application by the Committee until additional medical evidence can be produced.

If you would provide a short explanation as to how the patient's condition makes it difficult for him or her to walk and to what distance ambulation is limited, the Committee will then have the information it needs to judge whether that applicant truly fits the definition of the statute and merits a special parking space.

Your cooperation is greatly appreciated.

TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR USE BY HANDICAPPED PERSON

PHYSICIAN'S AFFIDAVIT

The Weehawken Township Council has received an Application from _____

residing at _____

WEEHAWKEN, NJ

The Township of Weehawken has implemented rules and regulations governing the issuance of Restricted Parking Zones for use by Handicapped Persons in the area of their homes. A handicapped person is defined in the statutes as follows:

N.J.S.A. 39:4-204. "Handicapped Person" defined.
"The term 'handicapped person' . . . shall include any person, who has lost the use of one or more 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 mobility is otherwise limited as certified by a physician with a plenary license to practice medicine and surgery in this state or bordering state."

We are, therefore, asking that you fill in this affidavit, stating the illness and stating that you are of the opinion that the severity of the handicap of the applicant merits a special parking space.

PLEASE NOTE: The Township reserves the right to have an Applicant's handicap verified by the Township's Physician.

Name of Patient: _____

Address of Patient: _____

WEEHAWKEN, NJ

Nature of Illness: _____

How long have you been treating the Applicant for this particular illness? _____

I HEREBY CERTIFY that this patient is in need of a handicapped parking space in the area of his/her home.

Signature of Physician

Print Name of Physician

Address of Physician

Dated: _____