

Rutherford Police Department
Borough of Rutherford
184 Park Avenue, Rutherford, NJ 07070
(201)939-6000 FAX (201) 460-3055

HANDICAPPED PARKING REQUEST REQUIREMENTS FOR RESIDENTS OF
THE BOROUGH OF RUTHERFORD

In accordance with N.J.S.A. 39:4-197.6, *N.J.S.A. 39:4-138 (o)*, and Chapter 126 of the Code of the Borough of Rutherford entitled "Vehicles and Traffic", and pursuant to Section 9A, entitled "Designation of Spaces", the following requirements must be met before a handicapped parking zone may be established on public streets:

1. The person requesting on-street resident handicapped parking, shall be a resident of the Borough of Rutherford. The application may be dropped off at the Police Department inperson 24/7 or via mail to the Rutherford Police Department at 184 Park Avenue. The application shall be reviewed, and approved or denied, by the Chief of Police of the Borough of Rutherford or his/her designee. A negative determination may be appealed via a written letter to the Borough Administrator, if a request from the resident aggrieved is received within twenty (20) days from the date of the letter setting forth the Chief's or his/her designee's declination. With the advice and consent of the Borough Attorney, same will be reviewed for further determination.
2. The automobile must have been issued permanent handicapped plates and/or a windshield placard issued by the New Jersey Division of Motor Vehicles, which must be displayed in the windshield of the assigned vehicle. Please submit photocopy of registration and/or handicapped identification card.
3. The request shall be made by a resident with a disability who occupies the residence, if a windshield placard or wheelchair symbol license plate has been issued to the vehicle owned by the person with the disability, or to any other occupant of the residence who is a member of the immediate family of the person with a disability. The subject property must pass an on sight inspection by the Rutherford Police Department, which inspection shall determine whether handicapped parking will interfere with the normal flow of traffic, or whether there is immediate adjacent off-street parking available to the applicant.
4. There must be no suitable driveway available at the residence. If the home is a multiple dwelling and the handicapped person is a tenant, a letter from the property owner stating that the handicapped person does not have the use of the driveway must accompany the request.
5. The applicant must comply with the provisions of N.J.S.A. 39:4-138 (o) and N.J.S.A. 39:4197.6 regulating handicapped parking in designated spaces.

6. A legal parking area must exist in front of the applicant's residence before a handicapped parking zone can be issued. The Chief of Police or his designee has the discretion as to the location of the handicap spot if it cannot be placed within the property lines of the subject residence.
7. Upon review and investigation, the request will be either approved or denied via notification from the Police Department to the applicant's address. If approved, an ordinance will be prepared and forwarded to the Mayor and Council for passage and publication as required by law. This process may take up to several months after which the Department of Public Works will be directed to install the requested handicapped parking space.

BOROUGH OF RUTHERFORD

RESIDENT HANDICAPPED PARKING REQUEST

NAME OF DISABLED: _____

ADDRESS REQUESTED: _____

CONTACT PERSON: _____ TELEPHONE NO.: _____

(if different from disabled person)

EMAIL ADDRESS: _____

VEHICLE INFORMATION – Copy of vehicle registration must be provided

Make of Vehicle: _____ Model: _____ Color _____

VIN No. _____

There must be no suitable driveway available at the residence. If the home is a multiple dwelling and the handicapped person is a tenant, a letter from the property owner stating that the handicapped person does not have the use of the driveway must accompany the request. Attached

Handicap License Plate No.: _____

-OR-

Permanent Handicap Placard No. _____

(copy must be attached)

JUSTIFICATION: _____

SIGNATURE: _____ DATE: _____

FOR POLICE USE ONLY

Review Date: _____

Approved & Forwarded to Clerk

Denied

Determination: _____

Chief John R. Russo

Date