



Township of Neptune
 Township Clerk's Office
 25 Neptune Blvd.
 clerk@neptunetownship.org

On- Street Residential Handicapped Parking Space for Neptune Resident

Date of Application _____

Applicant Information:

Name _____ Complex Name (If applicable) _____

Address of Applicant _____
Street Address Suite or Apt.# Block Lot Town

Phone Number _____ E-mail _____

Application Requirements

Applicant must have their **primary** residence in Neptune

Evidence of Eligibility in the form of at least one of the following:

- Disabled Person Vehicle Registration
- Proof of Wheelchair Symbol License Plate issued by NJ Motor Vehicle Commission
- Wheelchair Symbol Windshield Placard issued by NJ Motor Vehicle Commission

*Please note that **temporary** placards or designations are not eligible for Resident Only Parking Stalls*

State Issued ID reflecting the address where the designated spot will be located.

Fee of \$100.00 (Cash or Check made payable to Neptune Twp) Cash Check# _____

**Please note if there are
 any special instructions
 or comments:**

*Please do not include medical
 information.*

Application Process:

This application will be reviewed by the Police Department first. If approved, an ordinance will need to be presented to the Township Committee at an upcoming Committee Meeting. Ordinances must be presented at two committee meetings. Once adopted, the Township Clerk will notice to the Department of Public Works to install the sign. A letter with the tag for Resident Only Handicap Parking will be sent to the applicant.

Please note that any person(s) with Resident Handicap Parking Permit may park in a designated space. The space and permit do not have correlated permit number assignments.

If the application is denied, the applicant has the right to appeal to the Township Committee within twenty (20) days from the date of the declination.

Signature of Applicant _____ Printed Name of Applicant _____ Date _____

For Office Use Only:

Police Department Approve Reject _____
Signature Printed Name Date

Description/ Measurement for installation of Parking Space _____

Clerk's Office Approve Reject _____
Signature Printed Name Date

Ordinance # _____ Introduction Date _____ Adoption Date _____