

BOROUGH OF CASTLE SHANNON

ORDINANCE NUMBER 919

AN ORDINANCE OF THE BOROUGH OF CASTLE SHANNON, ALLEGHENY COUNTY, PENNSYLVANIA, AUTHORIZING THE BOROUGH OF CASTLE SHANNON TO DESIGNATE HANDICAP PARKING SPACES ALONG BOROUGH STREETS UPON APPLICATION OF A PERSON WITH A DISABILITY OR SEVERLY DISABLED VETERAN; REQUIRING SIGNS TO BE ERECTED FOR SUCH DESIGNATED PARKING SPACES AND ESTABLISHING PENALTIES FOR VIOLATIONS

NOW, THEREFORE, BE IT ORDAINED AND ENACTED by the Borough Council of the Borough of Castle Shannon, in lawful session duly assembled, and it is hereby ORDAINED AND ENACTED as follows:

Section 1. Parking Spaces For Persons With a Disability and Disabled Veterans

At the request of a person with a disability or severely disabled veteran, the Borough of Castle Shannon may designate a space along a Borough street as close as possible to the person's or veteran's place of residence as a parking space reserved for a person with a disability or severely disabled veteran, hereinafter referred to as a "handicap parking space."

Section 2. Application Required

A. A request for a handicap parking space to be designated by the Borough shall be made by written Application. The form of the Application (hereinafter referred to as the "Application") shall be substantially as set forth in Appendix A attached hereto. The Borough Manager is authorized to amend the form of Application from time to time as he/she determines to be necessary.

B. An Application for a designated handicap parking space shall be reviewed and approved or denied by the Mayor after receiving input and recommendation from the Chief of Police.

C. If an Application for a designated handicap parking space is approved, the Borough Manager shall cause to be erected a sign or signs indicating that that place is reserved for a person with a disability or severely disabled veteran, that no parking is allowed there by others, and that any unauthorized person parking there shall be subject to a fine and may be towed. The absence of a sign stating the penalty amount at parking spaces designated with an international symbol for access for persons with disabilities on a sign shall not preclude the enforcement of this ordinance.

D. If an Application for a designated handicap parking space is approved, the applicant shall notify the Borough if the need for the handicap parking space no longer exists, i.e. if the individual's condition improves and no longer requires a designated handicap parking space or if the individual changes his/her residence. The appropriate Borough officials may review the continued need for a handicap parking space at any time. The Borough may rescind the approval of a handicap parking space and remove an approved designated handicap parking space at any time for any reason.

E. If a request for a handicap parking space is denied the applicant may appeal that decision to Borough Council.

F. Borough Council may, from time to time, establish and modify a fee for an Application by Resolution of Council.

Section 3. Standards for Review of Application

The following factors shall be considered in reviewing an Application for a designated handicap parking space:

A. An Application for a handicap parking space may be requested by a resident of the Borough only after acquiring a state issued placard or registration plate for persons with disabilities or severely disabled veteran plate, i.e. an HP, DV or PD license plate or handicap parking placard.

B. Applications are to be completed in their entirety. An incomplete application will be denied.

C. All approved Applications shall be subject to annual review.

D. No Application will be approved where adequate accessible, off-street parking is available.

E. The owner of the vehicle used for the applicant must reside at the same address as the applicant.

F. The applicant must meet the eligibility requirements (or is caring for a person meeting the eligibility requirements) for a persons with disability parking placard or registration plate or severely disabled veteran registration plate. See Pennsylvania Department of Transportation forms MV-145, MV-145A.

G. The applicant has other physical or mental limitations that are severe enough to warrant a handicap parking space.

H. Overall availability of parking in the area where a handicap parking space is requested and existing parking problems in that area shall be considered.

- I. The living arrangements of an individual Applicant shall also be considered.

Section 4. Violations

A. Except for persons parking vehicles lawfully bearing a person with a disability or severely disabled veteran registration plate or displaying a person with a disability or severely disabled veteran parking placard when such vehicles are being operated by or for the transportation of a person with a disability or a severely disabled veteran, no person shall park a vehicle on public or private property reserved for a person with a disability or severely disabled veteran which property has been so posted in accordance with this ordinance.

B. A vehicle which is unlawfully parked in a handicap parking space may be removed from that area by towing and may be reclaimed by the vehicle owner upon payment of the towing costs. A vehicle may only be towed under this ordinance if the parking space is posted with a sign indicating that vehicles in violation of this ordinance may be towed.

C. The granting of an Application and the designation of a handicap parking space does not entitle the applicant to the exclusive use of a handicap parking space. The designated handicap parking space may be used by other persons with a disability or disabled veteran with the appropriate state issued placard or plate.

Section 5. Penalties

A. Any person who violates any provision of this ordinance shall be subject to the fines and penalties set forth in the Pennsylvania Vehicle Code and other applicable Pennsylvania statutes.

B. The remedies and procedures provided in this ordinance for violation hereof are not intended to supplant or replace, to any degree, the remedies and procedures available to the Borough in the case of a violation of any other code or ordinance of the Borough, whether or not such other code or ordinance is referenced in this ordinance and whether or not an ongoing violation of such other code or ordinance is cited as the underlying grounds for a finding of a violation of this ordinance.

Section 6. Severability

The terms, provisions and applications of this ordinance are severable. If any provision of this ordinance or the application thereof to any person or circumstance is

held invalid, such holding shall not affect the remaining provisions of applications of this ordinance. The remaining provisions and/or applications of this ordinance shall remain in full force and effect without the invalid provision or application.

Section 7. Repealer

All ordinances or parts of ordinances inconsistent herewith are hereby repealed to the extent of such inconsistency.

Section 8. Effective Date

This ordinance shall be in full force and effect immediately upon enactment.

ORDAINED AND ENACTED by the Council of the Borough of Castle Shannon on this 24th day of June, 2019.

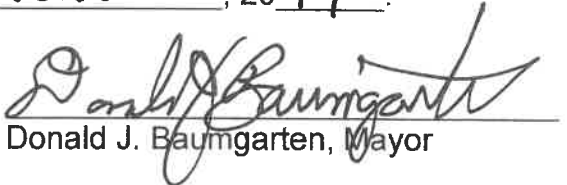
ATTEST

BOROUGH OF CASTLE SHANNON


Thomas C. Hartswick
Borough Manager/Secretary


Mark Heckmann
President of Council

Examined and Approved this 24th day of June, 2019.


Donald J. Baumgarten, Mayor

APPLICATION FOR RESERVED RESIDENTIAL PARKING FOR PEOPLE WITH DISABILITIES
BOROUGH OF CASTLE SHANNON

3310 McRoberts Road, Pittsburgh, PA 15234 · 412-885-9200 · FAX: 412-885-9252

If a parent, guardian or spouse is filling out this application for a child or relative, please list the child or relative as the applicant.

Please print all information clearly and include a copy of your vehicle registration and driver's license with the application.

Also, please make a copy for your own records.

Applicant's Name: _____

Address: _____

Zip Code: _____

Telephone Number: _____ Date of Birth: _____

Occupation: _____

Please answer all of the following questions completely. Failure to do so will result in the return of your application in order to complete all omissions.

1. What is the nature of your disability?

2. Explain why you are in need of a physically disabled parking space in front of your home:

3. Do you have a garage or other off street parking available? (circle one) Yes No

4. Pennsylvania physically disabled license plate number of the vehicle you use (HP/PD/DV ONLY):

5. Are you the property owner of the address given on the application? (circle one) Yes No

If the answer to #5 is "No," please have your property owner read and complete the "Notice to Property Owner" portion on the attached "Notice of RPPD Installation Form" section of this application.

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6. Please attempt to get your neighbors to sign the "Notice to Adjacent Property Owner" portion on the attached "Consent Form" section of this application. **If you are unable to obtain this, please sign below to prove that you have attempted to do so.**

Signature: _____ Date: _____

Sign Installation Agreement: I understand that if the front of my home is not 20 – 22 feet, from property line to property line, it is my responsibility to obtain the signature of the owner of the adjacent property indicating that they have no objections to the installation of this zone. I further agree that if I use this zone for any purpose other than that which I described in this application, the zone will be removed. I also agree that the Borough of Castle Shannon retains the right to remove this zone at any time.

APPLICANT'S CERTIFICATION

I am aware that it is my responsibility to file a complete application. I understand that the application will be returned to me if it is found to be incomplete, illegible, or otherwise not filed in compliance with the instructions. I further agree to submit to an independent examination by a physician representing the Borough of Castle Shannon, if required. I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that any false statements made herein are subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsifications to authorities.

Executed on _____ by _____
Date Signature of Applicant

POLICY STATEMENT

A reserved physically disabled parking space in front of a residence is a special privilege granted by the Borough of Castle Shannon only to people who have severe physical disabilities. Such a space will be granted only to those who are mobility impaired to the extent that they cannot manage without it. However, this reserved parking zone does not solely belong to the applicant. Anyone with a physically disabled license plate or physically disabled parking placard is eligible to park in the zone. These zones will be reviewed at least once every three years.

PHYSICIAN'S LIST

Please provide us with the name of the physician most familiar with your physical disability. You will need to take the attached "Physician's Certification of Disability" form to this physician and have them complete it. Once they have completed the form and you have returned it to the Borough of Castle Shannon, it will be reviewed and either approved or denied.

Physician's Name: _____ Address: _____

City and State: _____ Zip Code: _____

Telephone #: _____ Fax Number: _____

APPLICATION CHECK LIST

Did you include all of the following?

- Physician's Certification of Disability
- Copy of Vehicle Registration showing a Physically Disabled Plate
- Copy of Driver's License

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FREQUENTLY ASKED QUESTIONS

- ▶ Are other vehicles permitted to park in this zone?
 - Yes. Any vehicle with a HP, DV, PD license plate or handicapped parking placard is allowed to use this zone.

- ▶ If the vehicle is not registered in my name, can I still obtain a Reserved Residential Parking for People with Disabilities zone?
 - No, the vehicle must be registered to the applicant.
 - Exceptions will only be made for those who are under the age of 18.

- ▶ Who is responsible for repair of the zone?
 - The Borough of Castle Shannon is responsible for all repairs of the parking poles that will be installed. If a pole/sign is loose or knocked down, please contact us at 412-885-9200 in order for necessary repairs to be completed.

- ▶ Who is responsible for removing the zone?
 - The Borough of Castle Shannon is responsible for removing the zone. If the zone is no longer needed, please contact us at 412-885-9200 and the zone will be removed. We will not know if the zone should be removed unless we are contacted and informed to do so.
 - Furthermore, if the Borough of Castle Shannon receives reports of zone abuse (i.e. cones or other objects saving the zone, jockeying of cars to save a spot on the street, etc.) a parking investigator will verify the evidence that has been obtained. Once the evidence is corroborated, the zone can and will be removed.

- ▶ How do I obtain consent for an abandoned property or lot located next to my home?
Contact the Borough Office

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**NOTICE OF RPPD INSTALLATION FORM RESIDENTIAL PARKING FOR
PEOPLE WITH DISABILITIES**

BOROUGH OF CASTLE SHANNON ~ 3310 McRoberts Road, Pittsburgh, PA 15234 ~ 412-885-9200

Applicant's Name: _____

Address: _____ Zip Code: _____

Telephone Number: _____

NOTICE TO PROPERTY OWNER *(Please read carefully and complete fully)*

I, *(print name)* _____, certify that I am the owner of

(address) _____

I understand that my tenant is applying for a reserved physically disabled parking zone. If approved, I have no objections to the Borough of Castle Shannon installing a sign on the sidewalk in front of my property in order to designate such a zone.

Signature: _____ Date: _____

Telephone #: _____

NOTICE TO ADJACENT PROPERTY OWNER *(Please read carefully and complete fully)*

I, *(print name)* _____, certify that I am the owner of

(address) _____

I understand that my neighbor is in need of additional footage in order to install a reserved physically disabled parking zone on the street. I have no objections to the Borough of Castle Shannon installing a sign on the sidewalk in front of my property. I am aware that the footage required may be as little as 2 feet to a maximum of 15 feet depending on the width of my neighbor's home. **THE FOOTAGE IS NOT NEGOTIABLE.**

Signature: _____ Date: _____

Telephone #: _____

NOTICE TO ADJACENT PROPERTY OWNER *(Please read carefully and complete fully)*

I, *(print name)* _____, certify that I am the owner of

(address) _____

I understand that my neighbor is in need of additional footage in order to install a reserved physically disabled parking zone on the street. I have no objections to the Borough of Castle Shannon installing a sign on the sidewalk in front of my property. I am aware that the footage required may be as little as 2 feet to a maximum of 15 feet depending on the width of my neighbor's home. **THE FOOTAGE IS NOT NEGOTIABLE.**

Signature: _____ Date: _____

Telephone #: _____

PS/FI

**PHYSICIAN'S CERTIFICATION OF DISABILITY RESERVED RESIDENTIAL
PARKING FOR PEOPLE WITH DISABILITIES**

The purpose of this program is to provide reserved residential on street parking to applicant's whose mobility is limited to such a degree, by one or more medical conditions, that parking is required to allow the applicant to continue to function independently. The treating physician may be contacted by a physician representing the Borough of Castle Shannon. All descriptions and explanations concerning the applicant's level of disability, diagnosis and prognosis must be **MEDICALLY EXPLICIT**. Applications will be reviewed by the Borough of Castle Shannon.

Please return the completed Certification of Disability to the Borough of Castle Shannon,
3310 McRoberts Road, Pittsburgh, PA 15234.

**ANY QUESTIONS NOT ANSWERED ON THIS APPLICATION MAY RESULT IN IT BEING
RETURNED TO THE APPLICANT OR DENIED.**

PLEASE TYPE OR PRINT CLEARLY

Name of Applicant: _____
Residential Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: _____ Work Telephone: _____

The undersigned hereby certifies as follows:

1. I examined the above named applicant on the _____ day of _____, 20 _____

2. Disability Status

Please refer to FUNCTIONAL GUIDELINES which are enclosed. ***Please check all that apply.***

<input type="checkbox"/> Impaired or Non Ambulatory Disability (Sec. 1 and 2)	<input type="checkbox"/> Neurological (Sec. 8)	
<input type="checkbox"/> Amputation/Level and Site (Sec. 4)	<input type="checkbox"/> Cerebrovascular Accident (Sec. 5)	
<input type="checkbox"/> Cardiovascular (Sec. 7)	<input type="checkbox"/> Arthritis (Sec. 3)	<input type="checkbox"/> Pulmonary (Sec. 6)
<input type="checkbox"/> Functional Class (Required)	<input type="checkbox"/> Functional Class (Required)	<input type="checkbox"/> (A) (Required)
	<input type="checkbox"/> Mobility Grade (Required)	<input type="checkbox"/> (B) (Required)

3. Please specify date of onset of applicant's disability: _____

4. Please describe **in detail** the nature and extent of the applicant's disability; "**FOCUS ON MOBILITY LIMITATION.**"

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5. Physical examination findings pertinent to the applicant's mobility:

6. I performed the following test(s)/procedures diagnosing the applicant's disability (include date performed and results):

7. Please specify the prognosis: Permanent or Temporary

8. Will applicant's current level of disability (circle one): Improve? Remain the same? Deteriorate?

9. Does the applicant require the use of any of the following mobility aids? (Check all that apply)

Crutches Scooter Cane(s) Walker Braces (Type of Brace) _____
 Artificial Limbs Oxygen None

Other _____
(Please Specify)

10. Is the applicant able to walk one half block without assistance or help from another person?
Yes No

If no, please explain why?

11. Has the applicant undergone a joint replacement or any other corrective procedure in the last 24 months? Yes No

If yes, please explain:

Please note that undergoing a corrective medical procedure will result in a 12 month reevaluation to determine eligibility.

12. Does applicant require assistance in entering or exiting vehicle or residence? Yes No

If yes, please describe in detail:

PS/F12

13. Is the applicant capable of driving? Yes No

If yes, is the applicant the principle driver of the vehicle? Yes No

If no, please explain why not?

I am a board certified physician in the following areas *(please list and explain)*:

I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that false statements made herein are subject to the penalties of 18 Pa. C.S. Sec. 4904 relating to unsworn falsification to authorities. You may be contacted by a physician representing the Borough of Castle Shannon.

Executed on: _____ at _____

By (signature): _____ Please Print: _____

Address: _____ Phone # _____

PS/F14

FUNCTIONAL GUIDELINES AND ELIGIBILITY CRITERIA RESERVED RESIDENTIAL PARKING FOR PEOPLE WITH DISABILITIES

It is the responsibility of the medical evaluator to determine whether the one or more medical conditions ascribed to an applicant are of such severity as to render the applicant disabled to the extent that reserved parking is required for him or her to function adequately on a day to day basis. The following is a rather comprehensive list of medical conditions which, in various stages cause moderate to severe mobility impairment. Most sections include a "Note" area to assist the evaluator in interpretation of the medical criteria as they relate to an applicant's eligibility for reserved residential parking for people with disabilities.

SECTION 1

Non-Ambulatory Disabilities

Impairments that require the applicant to use a wheelchair for mobility.

SECTION 2

Impaired or Assisted Ambulation

Intended for those who walk with extreme difficulty including those individuals who use a walker, crutches or leg braces. Use of a cane does not necessarily indicate eligibility for reserved residential parking.

Note: *Claiming eligibility under this section will require extensive medical documentation or an additional medical examination of the individual to determine whether or not this applicant's medical condition qualifies the applicant for receipt of a reserved residential zone.*

SECTION 3

Arthritis

This section is intended for people whose arthritic condition makes walking extremely difficult; people who suffer arthritis which causes a severe functional motor deficit in the legs.

Functional Capacity

Class III – Functional capacity adequate to perform only a few or none of the duties of usual occupation or self-care.

Class IV – Largely or wholly incapacitated, uses wheelchair.

Mobility Assessment

Grade II – The applicant can cross the road but cannot manage public transportation.

Grade III – The applicant can use stairs but cannot cross roads.

Grade IV – The applicant cannot use stairs.

Grade V – The applicant can move from room to room with help.

Grade VI – The applicant is confined to chair or bed.

Note: *Arthritis alone can only be used as a criterion for reserved residential parking if the applicant meets Class III under the Functional Capacity section and at least Grade III and up to Grade V under the Mobility Assessment section. Those applicants falling under other classes or grades listed must have either additional medical complication (when considering those at Grade II level) or traffic and/or terrain problems creating additional hardships for an attendant or driver of the disabled resident (when considering those at the Class IV and Grade VI levels).*

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SECTION 4

Amputation/Anatomical

This section is intended for people who find it extremely difficult to walk because of amputation, congenital absence of or anatomical deformity of the lower extremity at or above the tarsal region of one or both legs.

Note: *Exceptions might include those cases in which the applicant has been particularly successful in mastering life skills and has been rendered fully ambulatory with the aid of his/her prosthesis.*

SECTION 5

Cerebrovascular Accident

This section is intended for those applicants who, because of stroke or brain injury find it extremely difficult to walk.

These applicants must exhibit one of the following:

- (A) Severe functional motor deficit in any of two extremities
- (B) Severe ataxia affecting two extremities substantiated by appropriate cerebellar signs of proprioceptive loss/loss of muscle and kinesthetic sense.

Note: *Appropriate medical documentation including, but not limited to rehabilitation records, etc. required before approval of an application from an individual falling under this category.*

SECTION 6

Pulmonary Disabilities

People who, because of a respiratory condition, find it extremely difficult to walk. These individuals experience dyspnea at various levels of exertion. Applicants must exhibit one of the following:

- (A) Dyspnea which occurs during such activities as climbing one flight of stairs or walking 100 yards on level ground.
- (B) Dyspnea present on the slightest exertion such as dressing, talking or at rest.

Note: *Applicants for reserved parking may qualify under either sections A or B; however, these conditions should be substantiated by respiratory function studies or by other objective rather than subjective evidence. If oxygen is required to carry out routine functions, this should be stated by the applicant's physician.*

SECTION 7

Cardiovascular Disease

This section applies to those individuals who, because of cardiac illness, walk with extreme difficulty. This includes people who exhibit Class III or Class IV in the functional classification and Class D or E in the therapeutic classification.

Functional Classification

Class III – Patients with cardiac disease resulting in marked limitation of physical activity.

Patients may be comfortable at rest; however, less than ordinary physical activity causes fatigue, palpitations, dyspnea or anginal pain.

Class IV – Patients with cardiac disease resulting in an inability to carry out physical activity without discomfort. Symptoms of cardiac insufficiency or anginal syndrome may be present even at rest. Any physical activity will increase discomfort.

PS/FIL

Therapeutic Classification

Class D – Patients with cardiac disease whose ordinary physical activity should be markedly restricted.

Class E – Patients with cardiac disease who should be at complete rest, confined to a bed or chair.

Note: *Those applicants who fall under Therapeutic Classification D may or may not be mobility impaired to the extent that reserved parking is required. However, placement in this classification, along with inclusion under one of the other disability categories may combine to categorize the applicant disabled to the degree that a reserved parking zone is necessary. With respect to Therapeutic Classification E, the evaluator must bear in mind that persons who are confined to bed do not usually require the provision of special parking. Upon appeal however, special circumstances such as traffic or terrain problems may be brought to light which allow approval or reserved parking zones in such cases.*

SECTION 8

Neurological Disabilities

This section is intended for those people who, because of impairment of the central nervous system, are disabled to the extent that their gait is radically altered resulting in severely restricted mobility.

Neurological Disorder

Damage to the central nervous system due to illness, accident, genetic or hereditary factors.

Note: *Each of the factors above could cause a wide range of damage to the central nervous system resulting in anything from minor disability to total incapacitation. The evaluator must take care to detail the extent to which the applicant's mobility is impaired as a result of the resulting neurological disorder. The general rule for our purposes is if the applicant can walk one half of a city block without difficulty, he or she is not likely to require reserved residential parking.*

SECTION 9

Other

Upon special request, consideration will be given to a disability which is not specifically included in the aforementioned criteria.

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