



**COUNTY OF HUDSON**  
**DEPARTMENT OF ROADS AND PUBLIC PROPERTY**  
**OFFICE OF THE COUNTY ENGINEER**  
BERGEN SQUARE CENTER  
830 BERGEN AVENUE, FLOOR. #6B  
JERSEY CITY, NEW JERSEY 07306  
TELEPHONE: (201) 369-4340  
FAX: (201) 369-4346

**CRAIG GUY**  
COUNTY EXECUTIVE

**DENISE C. D'ALESSANDRO**  
DIRECTOR

**MARK W. KATARYNIAK, PE, PTOE**  
COUNTY ENGINEER

**JOSEPH F. GLEMBOCKI**  
ASSISTANT COUNTY ENGINEER

**ROBERT A YANNAZZO**  
CHIEF ARCHITECT

**APPLICATION INSTRUCTIONS  
FOR NEW RESTRICTED PARKING SPACES FOR PERSONS WITH DISABILITIES**

All persons requesting a restricted parking space must demonstrate their need through the application process. All recipients of a reserved parking space must renew their permit every year.

Please read the following procedures very carefully and send all requested information to the County Engineer Office at the above address.

**INITIAL PERMIT FOR RESTRICTED PARKING SPACE**

If this is your initial request for a restricted parking space, please submit the following items to the Hudson County Engineer simultaneously:

1. A fully completed and signed application for restricted parking space.
2. A photocopy of your NJ Driver's License.
3. A photocopy of your vehicle's registration (vehicle must be identified with a handicap license plates).
4. A photocopy of your insurance identification card.
5. A photocopy of your NJMVC disabled person identification card.
6. A letter from your physician certifying that your disability makes walking difficult and your need for a reserved restricted parking space.
7. A photocopy of an ordinance or letter from the Mayor or appropriate agency of your municipality approving and recommending the County to provide a restricted parking space.

Once all of the items have been received, we shall formally begin reviewing your application. If your application is approved by this office, the application will be referred to the Board of County Commissioners who will vote to adopt an ordinance. Upon final adoption, special signs shall be ordered and erected when received.

**\*\*\*\*IMPORTANT - PERMITS FOR RESTRICTED PARKING SPACE FOR PEOPLE WITH DISABILITIES MUST BE RENEWED EVERY YEAR OR IT SHALL BE REVOKED. RENEWAL APPLICATIONS WILL BE SENT TO YOU AT EACH RENEWAL PERIOD.**



**COUNTY OF HUDSON**  
 DEPARTMENT OF ROADS & PUBLIC PROPERTY  
 OFFICE OF THE COUNTY ENGINEER  
 BERGEN SQUARE CENTER  
 830 BERGEN AVENUE, FLOOR 6B  
 JERSEY CITY, NJ 07306  
 TELEPHONE: (201) 369-4340  
 FAX: (201) 369-4346

**CRAIG GUY**  
 COUNTY EXECUTIVE

**JOSEPH F. GLEBOCKI, P.E.**  
 ASSISTANT COUNTY ENGINEER

**DENISE C. D'ALESSANDRO**  
 DIRECTOR

**ROBERT A YANNAZZO, A.I.A.**  
 CHIEF ARCHITECT

**THOMAS MALAVASI, P.E., P.P., C.M.E., C.P.W.M.**  
 COUNTY ENGINEER

**APPLICATION FOR RESTRICTED PARKING ZONE**

\*\*\*USE THIS FORM IF YOU ARE APPLYING FOR THE FIRST TIME\*\*\*

SECTION I

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Zip  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Code: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

SECTION II

New Jersey Driver's License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 List all restrictions on driver's license: \_\_\_\_\_  
 Handicap License Plate Number: \_\_\_\_\_  
 Vehicle make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_  
 NJ Motor Vehicle Commission Disabled Persons ID Number: \_\_\_\_\_

SECTION III

1. Do you transport yourself? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Are you confined to a wheelchair? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Do you use any other device to walk? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Do you have a heart condition? YES \_\_\_\_\_ NO \_\_\_\_\_
5. How long have you had your disability? Years \_\_\_\_\_ Months \_\_\_\_\_
6. Do you have access to a garage, parking lot, driveway or any other off-street parking space? YES \_\_\_\_\_ NO \_\_\_\_\_
7. Please describe your disability in full: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant

I hereby certify that the information provided herein is true and understand that any false statements, failure to renew, or misuse will cause forfeiture of the reserved parking zone.

SUBMISSION MUST ALSO INCLUDE: Photocopies of (1) Driver's license, (2) Registration, (3) Insurance ID card, (4) NJDMV Disabled Person's ID, (5) Physician's certification letter, (6) Municipal approval letter.

**PLEASE NOTE: LICENSE PLATES MUST BE HANDICAPPED**



**COUNTY OF HUDSON**  
 DEPARTMENT OF ROADS & PUBLIC PROPERTY  
 OFFICE OF THE COUNTY ENGINEER  
 BERGEN SQUARE CENTER  
 830 BERGEN AVENUE, FLOOR 6B  
 JERSEY CITY, NJ 07306  
 TELEPHONE: (201) 369-4340  
 FAX: (201) 369-4346

**JOSEPH F. GLEMBOCKI, P.E.**  
 ASSISTANT COUNTY ENGINEER

**ROBERT A. YANNAZZO, A.I.A.**  
 CHIEF ARCHITECT

**CRAIG GUY**  
 COUNTY EXECUTIVE

**DENISE C. D'ALESSANDRO**  
 DIRECTOR

**THOMAS MALAVASI, P.E., P.P., C.M.E., C.P.W.M.**  
 COUNTY ENGINEER

**PHYSICIAN CERTIFICATION FOR RESTRICTED PARKING SPACE FOR PERSONS WITH DISABILITIES**

**TO BE FILLED BY PHYSICIAN (MUST BE TYPED)**

**NAME OF APPLICANT:** \_\_\_\_\_

**APPLICANT ADDRESS:** \_\_\_\_\_

**PHYSICIAN NAME:** \_\_\_\_\_

**PHYSICIAN ADDRESS:** \_\_\_\_\_

**PHYSICIAN PHONE #:** \_\_\_\_\_

I certify that the patient listed above is under my care and (please check the following):

- Has a major disability to the extent that the patient cannot walk unassisted a distance of 150 feet or less

YES \_\_\_\_\_ NO \_\_\_\_\_

- Please state medical condition that creates disability: \_\_\_\_\_

\_\_\_\_\_

- Requires the use of walk aid? YES \_\_\_\_\_ NO \_\_\_\_\_

List Type: \_\_\_\_\_

- Has been hospitalized in the last five years. YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please indicate illness (please include dates): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I affirm that the information presented on the applicant's disability is correct and understand that I can be held legally accountable for knowingly providing false information.

\_\_\_\_\_  
 Signature of Physician

Date: \_\_\_\_\_

\_\_\_\_\_  
 Physician NJ License Number