

CITY COUNCIL

The City of Orange Township, New Jersey

DATE _____

NUMBER 9-2020

TITLE: AN ORDINANCE TO AMEND THE CODE OF THE CITY OF ORANGE TOWNSHIP, CHAPTER 200, ENTITLED "VEHICLES AND TRAFFIC" SECTION 200-52-1 HANDICAPPED PARKING SPACES. (455 Minton Place)

WHEREAS, Aurea Murga-Melgarejo has in her possession a special identification card issued by the Division of Motor Vehicles of the State of New Jersey designating her as disabled; and

WHEREAS, Aurea Murga-Melgarejo requested that a handicapped parking space be established in front of her home.

NOW, THEREFORE, BE IT ORDAINED by the City Council of the City of Orange Township that Section 200-52-1 be and is hereby amended to include a handicapped parking space at the location as follows:

455 Minton Place

BE IT FURTHER ORDAINED that any ordinances or parts thereof in conflict with the provisions of this ordinance are repealed to the extent of such conflict.

BE IT FURTHER ORDAINED that this Ordinance shall take effect upon final passage, approval and publication pursuant to law.

Adopted:

Joyce L. Lanier
City Clerk

Tency A. Eason
Council President

Purpose: Create Handicapped Parking Space

Economic Impact: None

Approved:

Dwayne D. Warren, Esq.
Mayor

Virginia Petchment on behalf of the City Attorney

12/9/19

City of Orange,
Marty Hayes.

Due to my disability I
am requesting a handicap
parking space from the city
of Orange please. My address
is 455 Minton Pl.

x Aurea Murga
Aurea Murga

State of New Jersey
PRESCRIPTION BLANK

BARNABAS HEALTH MEDICAL GROUP

- JOSEPH SALESE, M.D.
- FRANCIS GIALANELLA, M.D.
- ABEL GONZALEZ, M.D.

386 VALLEY ROAD, WEST ORANGE, NJ 07052
TEL: 973-673-3522 • FAX: 973-673-0015

LICENSE # _____ DEA # _____

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT Mirya DeChacon, Lucia D.O.B. _____

ADDRESS _____ DATE 12-27-19

Unable to walk 100
ft's Assistance.
Handicap parking
Required



SUBSTITUTION PERMISSIBLE _____ DO NOT SUBSTITUTE _____

DO NOT REFILL _____ SIGNATURE OF PRESCRIBER Joseph Salese
REFILL _____ TIMES _____

Use a separate form for each controlled substance prescription
THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY, ARE CRIMES PUNISHABLE BY LAW

NEW JERSEY
MOTOR VEHICLE COMMISSION



CAUTION

REMOVE BEFORE DRIVING. IT'S THE LAW

P E R M A N E N T

PERSON WITH DISABILITY PARKING PERMIT



GOOD THROUGH*

JAN	FEB	MAR	APR	MAY	JUN
JUL	AUG	SEP	OCT	NOV	DEC
2019	2020	2021	2022	2023	2024

The Persons With a Disability Identification Card must be in the possession of the person to whom it was issued when using this placard.

*This placard shall expire on the last day of the month punched out above. Punching more than one month and/or year invalidates this placard.

P 2215124



VEHICLE REGISTRATION

PLATE NO: **Z47BMP** GOOD THRU: **09/2020**
 VIN: **JN8AS5MV4BW314420**
 N/S **2011 WAGON SL** REG WC: **7**
AUREA MURGA-MELGAREJO **PASSENGER** **07**
455 MINTON PL FL 2
ORANGE NJ 07050 RENEWAL PT: **PA**
 EQ: **7** FEE: **39.50** GN **NK20192080050**



IV2A (1-95)

**State of New Jersey
Insurance Identification Card**

Allstate.

054 ALLSTATE NEW JERSEY PROPERTY AND CASUALTY INSURANCE COMPANY

Aurea Murga
455 Minton Place
Orange NJ 07050-2512

Name and Address of Agency
or Office Issuing This Card:

**ALLSTATE NEW JERSEY PROPERTY
AND CASUALTY INSURANCE COMPANY**
1130 Route 22 East, Suite 300
Bridgewater, NJ 08807-9904

POLICY NUMBER- YEAR / MAKE / MODEL
919 268 162 2011 Nissan Rogue

EFFECTIVE DATE VEHICLE ID NUMBER
01/03/09 JN8AS5MV4BW314420

EXPIRATION DATE
07/03/19

AUTHORIZED REPRESENTATIVE

This card must be carried in the vehicle at all times as evidence of insurance.