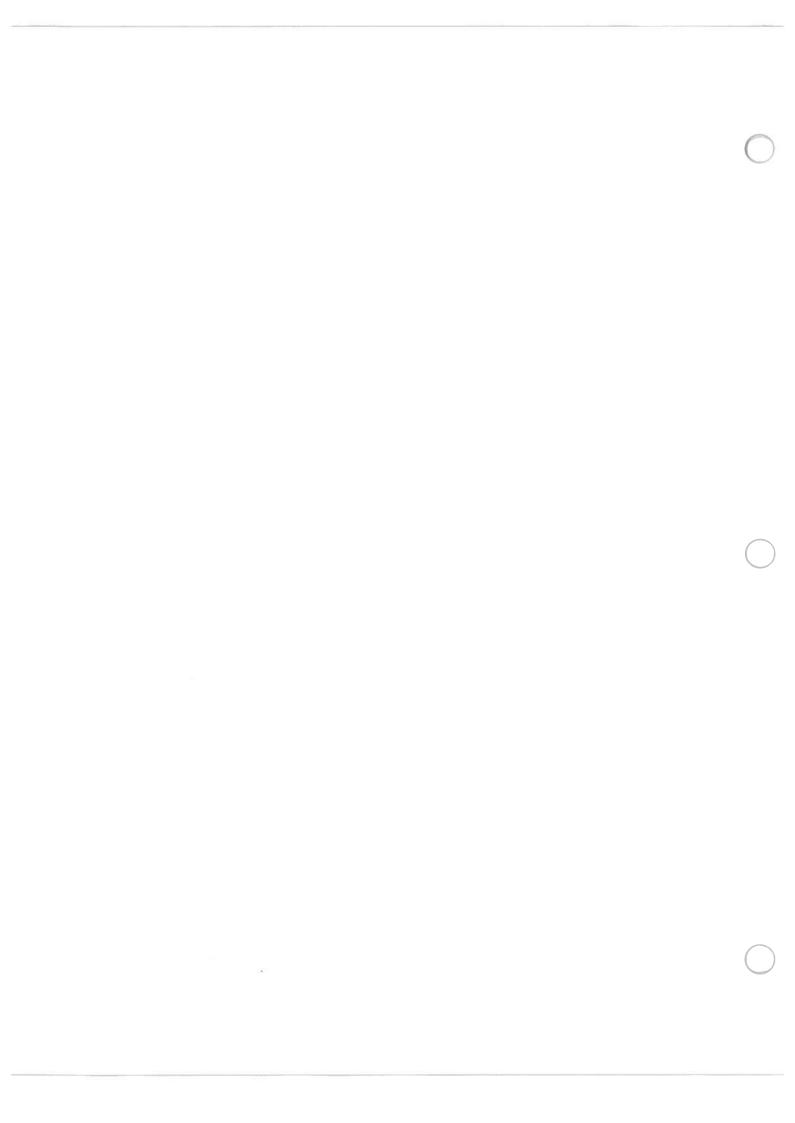
CITY COUNCIL	The City of Orange Township, New Jerse
DATE	NUMBER 41-2020
TOWNSHIP, CHAPTER SECTION 200-52.1, HAN	MEND THE CODE OF THE CITY OF ORANGE 200, ENTITLED "VEHICLES AND TRAFFIC", DICAPPED PARKING SPACES. (263 Mount Vernon uncil Member Clifford R. Ross)
•	r possession a special identification card issued by the Division w Jersey designating her as disabled; and
WHEREAS, Alma Sutton requested home.	I that a handicapped parking space be establish in front of her
NOW, THEREFORE BE IT ORD that:	AINED by the City Council of the City of Orange Township
SECTION 1. Chapter 200-52.1 be and is hereby following location:	y amended to include a handicapped parking space at the (263 Mount Vernon Avenue)
	n independent section, and the holding of any section or part or ineffective for any cause shall not be deemed to affect the
SECTION 3. Conflict of Other Ord That all ordinances and parts of ordinances repealed but only to the exten	nances and conflicts that are inconsistent with this ordinance are
SECTION 4. Effective Date of Ord That this ordinance shall take effective following publication unless otherwise	ect upon final passage upon expiration of twenty (20) days
Adopted:	
	Kerry J. Coley
Joyce L Lanier City Clerk	Council President

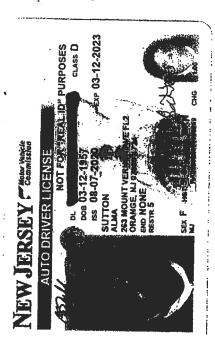
To create a handicapped parking space. FISCAL IMPACT:

APPROVED AS TO FORM, SUFFICIENCY AND LEGALITY

PURPOSE:

Vadyha Parament en Locat of the City Attorney









PERSON WITH A DISABILITY ID PLACARD#: P2143716 6000 THRU: 12/2021

0.00 WL RA20202340156 HDC PLACARDS DUPLICATE 급 263 MOUNT VERNON AVE FL2 NJ 07050 ALMA SUTTON E0:0 ORANGE

NJ 07050-1724

263 MOUNT VERNON AVE FL2

ORANGE

ALMA SUTTON

184021349

NEW JERSEY - MOTOR VEHICLE SERVICES THIS IS A RECEIPT DOCUMENT ONLY

GOOD THRU: DEC 2021 VIN: PLACARD#: P2143716

MAKE: YEAR:

TYPE:

00.0

POST AUDIT:

FD REG: REG D:

PLATE FEE:

MODEL: COLOR: 07050-1724

MILEAGE: PT:PH GW:

EQ:0 REGCD:50

TOTAL: ()
WL RA

0.00

263 MOUNT VERNON AVE FL2

ORANGE

89504 02800 53572

ALMA SUTTON

RA20202340156

180851849

ALMA SUTTON
417 HIGHLAND TER FL 3
ORANGE
NJ 07050-2207



1

VEHICLE REGISTRATION

PLATE NO. 232LVC

HON 2002 2 DR. RD

ALMA SUTTON
417 HIGHLAND TER FL 3

ORANGE

NJ 07050

FEE: 48.50

JG E020193050242



State of New Jersey PRESCRIPTION BLANK

The Heart Ce	inter of the Oranges	
60 Evergreen Pl., Suite	e 400, East Orange, N	J 07018
Tel: 973-395-15	50 Fax: 973-395-155	6
Gitendra Rajiyah, M.D., FACC	NPI#1083693196	LIC # 25MA05585100
Paul S Cahiwat, M.D.	NPI # 1144243015	LIC # 25MA02865400
Kordai DeCoteau, DPM	NPI# 1104872225	LIC # 25MD00333900
Ruth L. Clark Brown, M.D.	NPI # 1740349968	LIC # 25MA05649800
Aleksander Lekan, M.D.	NPI # 1225055262	LIC # 25MA06465500
LICENSE#	DEA#	_
IF PRESCRIPTION IS WRITTEN AT		CHECK HERE
AND PRINT ALTERNATE ADDRESS	AND TELEPHONE NUMBER	ON REVERSE SIDE
77 0 71	2 563	
Aliana Vistor		
PATIENT NOVELLE	<u> </u>	
		Vanlan
ADDRESS		DATE DATION
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REFILL TIMES		
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Application for Vehicle License Plates and/or Placard for Persons with a Disability



SECTION EMEDICAL PRACTITIONER OR DISABLED VETERAN CERTIFICATION:
Name of Medical Practitioner or Representative of the U.S.D.V.A.
Street Address City, State, Zip Code E DOWN COUS
Daytime Telephone Number (9.75) 395-1550
Required prescription attached Required letterhead attached (ONLY for medical practitioners who are not authorized to white prescriptions OR a representative of the U.S.D.V.A.)
By law, eligibility for license plates and/or a placard for persons with a disability is limited to the following conditions. (NO OTHER PERSON IS ELIGIBLE FOR LICENSE PLATES AND/OR A PLACARD).
Patient Name (please print): Alway Sutton
 Has lost the use of one or more limbs as a consequence of paralysis, amputation, or other permanent disability. Is severely and permanently disabled and cannot walk without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device. Suffers from lung disease to such an extent that the applicant's forced (respiratory) expiratory volume for one second, when measured by a spirometry is less than one liter or the additional respiratory is less than one liter or the additional respiratory.
by a spirometry, is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest; or uses portable oxygen. 4. Has a cardiac condition to the extent that the applicant's functional limitations are classified in severity as to standards set by the American Heart Association. 5. Is severely and permanently limited in the ability to walk because of an arthritic, neurological, or orthopedic condition; or cannot walk two hundred feet without stopping to rest.
 Has a permanent sight impairment of both eyes as certified by the NJ Commission for the Blind (Placard only).
CERTIFY, UNDER PENALTY OF LAW, THAT MY PATIENT (print name) 100 100 100 100 100 100 100 100 100 10
Signature of Medical Practitioner or Representative of the U.S.D.V.A.V.
SECTION TERMS AND CONDITIONS
Pursuant of N.J.S.A. 2C: 21-4(a), N.J.S.A. 2C: 43-3, and N.J.S.A. 2C: 43-6, making a false statement or providing misinformation on an application to obtain or facilitate the receipt of license plates or placards for persons with disabilities is a fourth-degree crime and a person who has been convicted of this offense may be subject to pay a fine not to exceed \$10,000 and a term of imprisonment of up to 18 months.
 Pursuant of N.J.S.A. 2C: 21-4(a), N.J.S.A. 2C: 43-3, and N.J.S.A. 2C: 43-6, making a false statement or providing misinformation on an application to obtain or facilitate the receipt of license plates or placards for persons with disabilities is a fourth-degree crime and a person who has been convicted of this offense may be subject to pay a fine not to exceed \$10,000 and a term of imprisonment of up to 18 months. Wheelchair symbol license plates may be issued for one vehicle owned, operated or leased by a person with a disability or family member providing transportation for that person.
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New Jersey is an Equal Opportunity Employer

41 (R8/19)



Application for Vehicle License Plates and/or Placard for Persons with a Disability

☐ Replacement Application



jement Operation Services al Plate Unit ast State Street ox 015 n, NJ 08666 32-6500 ext. 5061

This is my: Initial Application Recertifica	tion Application	☐ Replaceme	nt Application				
I am applying for: ☐ License Plates ☐ Placard ☐ Both							
HONA PERSONS WITH A DISABILITATION HERCATION	CARPINETRM	ATION					
of Person with a Disability	<u> </u>		area area area area area area area area				
Address	City, State	Zip Code ,					
3 Mount Vernion Ave	Oran	me NJ	07050				
License Number		Expiration Date) ;				
		12/202	Weight				
18 Ith 12 - 1957 Sex F. Bro: Bro:		Height 5	vveign.				
e Telephone Number							
knowledge that I hold a Commercial Driver License (CDL) ar	nd that this applic	ation may result in	a medical review that could	result in a			
sion that may affect my New Jersey CDL privilege.							
t Plate Number:							
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t Placard Number (for recertification applications): $\overline{P21}$	42716	\sim					
t Placard Number (for recertification applications): 1 2 1	10114	<u>ی</u>	•				
ION BEWHEELCHAIR SYMBOLE ICENSER LATES (Pho	ocopyof Redis	rationRequired):					
ered Vehicle Owner's Name	Vehicle Plate Num	ber	Expiration Date				
		•					
ared Vehicle Owner's Driver License Number		Expiration Date		,			
Address	City, State, Zip Coo						
* *							
nship to the Disabled Applicant: Self Spouse	Parent Gua	ardian 🛘 Other (F	Please Specify):				
IONIC: REPEACEMENT PLATES: PLACARD AND/OR ID	ENT/EICATION:	ARD					
		Align to the state of the state		See State Contract of the State			
nse Plates							
Plate Number	Expiration Date						
Number '	Expiration Date						
2							
One: ☐ Lost – attach a notarized statement of loss.							
☐ Damaged – return plate(s), placard, and/or both			£				
☐ Stolen - plate(s), placard - attach police report		(g. 43	¥6				
ON DECERTIFICATION OF STATEMENTS							
under penalty of law, that the statements on this application	n are true.	The second	01 -	00			
re of Registered Vehicle Owner:	01914	DM-1 1	Date: 8 - 7 -	20			
of the state of th	ac Thomas	1					
2000	tioks "	TRY	Date: 8 - 7	-70			
re of Person with a Disability:	NUM	3/13	Date:				