

CITY COUNCIL

The City of Orange Township, New Jersey

DATE _____

NUMBER 41-2020

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. (263 Mount Vernon Avenue) (Sponsored by Council Member Clifford R. Ross)

WHEREAS, Alma Sutton 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, Alma Sutton requested that a handicapped parking space be establish in front of her home.

NOW, THEREFORE BE IT ORDAINED by the City Council of the City of Orange Township that:

SECTION 1.

Chapter 200-52.1 be and is hereby amended to include a handicapped parking space at the following location: (263 Mount Vernon Avenue)

SECTION 2. Severability of Ordinance Provisions

Each section of this ordinance is an independent section, and the holding of any section or part thereof to be unconstitutional, void or ineffective for any cause shall not be deemed to affect the validity of constitutionality of any other sections or parts thereof.

SECTION 3. Conflict of Other Ordinance Provisions

That all ordinances and parts of ordinances and conflicts that are inconsistent with this ordinance are hereby repealed but only to the extent of such conflict or inconsistency.

SECTION 4. Effective Date of Ordinance Provisions

That this ordinance shall take effect upon final passage upon expiration of twenty (20) days following publication unless otherwise provided

Adopted:

Joyce L Lanier
City Clerk

Kerry J. Coley
Council President

Dwayne D. Warren, Esq.
Mayor

Dated: _____

PURPOSE: To create a handicapped parking space. **FISCAL IMPACT:** None

Vaughan P. ...
the City Attorney

CITY ATTORNEY



NEW JERSEY Motor Vehicle Commission

AUTO DRIVER LICENSE

15211

NOT FOR REAL ID PURPOSES

CLASS D

DL 03-12-1957

DOB 03-12-1957

ISS 08-07-2020

EXP 03-12-2023

SUTTON

ALMA

253 MOUNT VERMILION AVE FL2

ORANGE, NJ 07054

END NONE

RESTR 5

SEX F

HGT 5

WT 120



CHG 1100

184021349



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

ALMA SUTTON
 263 MOUNT VERNON AVE FL2
 ORANGE NJ 07050
 EQ:0 FEE: 0.00 WL RA20202340156

HDC PLACARDS 50
 DL [REDACTED] PT:PH

ALMA SUTTON
 263 MOUNT VERNON AVE FL2
 ORANGE NJ 07050-1724

184021349

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

PLACARD#: P2143716 GOOD THRU: DEC 2021 VIN:

S9504 02800 53572
 ALMA SUTTON
 263 MOUNT VERNON AVE FL2
 ORANGE NJ 07050-1724

MAKE:
 YEAR:
 TYPE:
 MODEL:
 COLOR:
 PT:PH
 MILEAGE:
 GW:
 EQ:0
 REGCD:50

REG D : 0.00
 FD REG:
 POST AUDIT:
 PLATE FEE:

TOTAL: () 0.00
 WL RA20202340156

180851849

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



VEHICLE REGISTRATION

PLATE NO: Z32LVC
VIN: 9 1HGCG22552A027187
HON 2002 2 DR. RD ACC WC: 7
ALMA SUTTON
417 HIGHLAND TER FL 3
ORANGE NJ 07050
EQ: 7
GOOD THRU: 11/2020
PASSENGER
DL: [REDACTED] 07
INITIAL: PAPA
FEE: 46.50
JG E020193050242

State of New Jersey
PRESCRIPTION BLANK

The Heart Center of the Oranges
60 Evergreen Pl., Suite 400, East Orange, NJ 07018
Tel: 973-395-1550 Fax: 973-395-1556

- 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 ALTERNATE PRACTICE SITE, CHECK HERE
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT Alma Sutton D.O.B. _____

ADDRESS _____ DATE 8/27/20

To Whom It May Concern;

Ms. Sutton has permanent
limited ability to walk due
to neurological condition
with right sided weakness



SUBSTITUTION PERMISSIBLE _____ DO NOT SUBSTITUTE _____
DO NOT REFILL _____ SIGNATURE OF PRESCRIBER _____
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



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



SECTION I - MEDICAL PRACTITIONER OR DISABLED VETERAN CERTIFICATION		
Name of Medical Practitioner or Representative of the U.S.D.V.A. <u>Chandra Kijugath</u>		
Street Address <u>60 Evergreen Pl Ste 400</u>	City, State, Zip Code <u>E. Orange, NJ 07018</u>	
Daytime Telephone Number <u>(973) 995-1550</u>		

Required prescription attached Required letterhead attached (ONLY for medical practitioners who are not authorized to write 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): Alma Sutton

1. Has lost the use of one or more limbs as a consequence of paralysis, amputation, or other permanent disability.
2. 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.
3. 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 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 Class II or higher 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.
3. 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) Alma Sutton HAS BEEN PERSONALLY EXAMINED BY ME AND MEETS THE ELIGIBILITY CRITERIA AS SPECIFIED IN ITEM NUMBER(S) (select from above) 5 AND THUS MEETS THE REQUIREMENTS FOR THE RECEIPT OF LICENSE PLATES AND/OR A PLACARD FOR PERSONS WITH A DISABILITY.

Signature of Medical Practitioner or Representative of the U.S.D.V.A. [Signature]

SECTION II - 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.
- 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.
- Wheelchair symbol license plates must be renewed every year, disability recertification is required every three years.
- The placard must be displayed on the rearview mirror of the vehicle whenever such vehicle is parked in a designated wheelchair symbol parking space and must be removed when the vehicle is in motion.
- Persons with a Disability Identification Card and placards must be recertified every three years.
- The Motor Vehicle Commission requires that a person's disability be recertified by a qualified medical practitioner and their qualification for license plates/placard as provided under N.J.A.C. 13:20-9.1(a) 4.
- The persons with a Disability placard and/or license plates are to be used exclusively for a person with a disability named on the identification card. The identification card is nontransferable and shall be revoked is used by any other person. If the license plate and/or placard are no longer used by the person named on the identification card, they must be returned to the New Jersey Motor Vehicle Commission. Abuse of this privilege is cause for revocation of both the license plates and/or the placard.
- Application for a Persons with a Disability Identification Card shall be submitted to the Motor Vehicle Commission not more than 60 days following the date upon which a medical professional or representative of the United States Department of Veterans Affairs certifies that the applicant meets the definition of "persons with a disability."

CERTIFY, UNDER THE PENALTY OF LAW, THAT I AGREE WITH THE TERMS AND CONDITIONS OF THIS APPLICATION.

Signature of Registered Vehicle Owner: Alma Sutton Date: 8/7/20
 Signature of Person with a Disability: Alma Sutton Date: 8/7/20

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 Visit us at www.NJMVC.gov

New Jersey is an Equal Opportunity Employer



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



Management Operation Services
Plate Unit
100 East State Street
PO Box 015
Trenton, NJ 08666
609-262-6500 ext. 5061

This is my: Initial Application Recertification Application Replacement Application

I am applying for: License Plates Placard Both

SECTION A: PERSONS WITH A DISABILITY IDENTIFICATION CARD INFORMATION				
Name of Person with a Disability <u>Ma Sutton</u>				
Address <u>3 Mount Vernon Ave</u>			City, State, Zip Code <u>Orange NJ 07050</u>	
License Number [REDACTED]			Expiration Date <u>12/2021</u>	
Year of Birth <u>12-1957</u>	Sex <u>F</u>	Eye Color <u>Brown</u>	Height <u>5'2</u>	Weight
Telephone Number [REDACTED]				

I acknowledge that I hold a Commercial Driver License (CDL) and that this application may result in a medical review that could result in a suspension that may affect my New Jersey CDL privilege.

Current Plate Number: _____

Current Placard Number (for recertification applications): P2143716

SECTION B: WHEELCHAIR SYMBOL LICENSE PLATES (Photocopy of Registration Required)		
Registered Vehicle Owner's Name	Vehicle Plate Number	Expiration Date
Registered Vehicle Owner's Driver License Number	Expiration Date	
Address	City, State, Zip Code	

Relationship to the Disabled Applicant: Self Spouse Parent Guardian Other (Please Specify): _____

SECTION C: REPLACEMENT PLATES, PLACARD AND/OR IDENTIFICATION CARD	
<input type="checkbox"/> License Plates <input type="checkbox"/> Placard <input type="checkbox"/> Identification Card	
Plate Number	Expiration Date
Placard Number	Expiration Date

- None: Lost – attach a notarized statement of loss.
 Damaged – return plate(s), placard, and/or both
 Stolen – plate(s), placard – attach police report

SECTION D: CERTIFICATION OF STATEMENTS	
I certify under penalty of law, that the statements on this application are true.	
Signature of Registered Vehicle Owner: <u>[Signature]</u>	Date: <u>8-7-20</u>
Signature of Person with a Disability: <u>[Signature]</u>	Date: <u>8-7-20</u>

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