

CITY COUNCIL

The City of Orange Township, New Jersey

DATE _____

NUMBER 54-2022

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. (60 South Jefferson St)

WHEREAS, Luis Novillo has in his possession a special identification card issued by the Division of Motor Vehicles of the State of New Jersey; and

WHEREAS Luis Novillo requested that a handicapped parking space be established in front of his house; and

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:

60 S Jefferson St

BE IT FURTHER ORDAINED that any ordinances or parts thereof in conflict with the provisions of this ordinance are repealed to the extent of such conflict.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


A. Mizrahi

ORDINANCE NO. 54-2022

REGULAR MEETING – October 4, 2022

INTRODUCTION-FIRST READING

MOTION TO ADOPT: Wooten

SECOND: Summers-Johnson

YEAS: Coley, Hilbert, Montague, III, Ross, Summers-Johnson, Wooten & Council President Eason

NAYS: None

ABSTENTIONS: None

ABSENCES: None

SECOND READING/PUBLIC HEARING – November 1, 2022



THE CITY OF ORANGE

29 NO. DAY STREET • ORANGE, NJ 07050
Tel: (973) 266-4030 • Fax: (973) 676-1593

DEPARTMENT OF
PUBLIC WORKS & ENGINEERING

Handicapped Parking Request:

By: Keeshal

Date: 8/22/22

Address: 60 S Jefferson St Orange NJ 07050

Side of Street: North

Parking Ordinances Both Sides:

North Side: no parking Thurs & Fri

South Side: no parking Sun mid thru
Wed 9pm

West Side: _____

East Side: _____

Width of Street: 30 Ft One Way or Two Way Two Way

Is a driveway present: yes Shared Driveway

Is there another handicap parking sign within 300 ft.: NO yes

If so, at what address: 70 South Jefferson

[Signature]
Inspector's Signature

8/22/22
Date

CITY OF ORANGE TOWNSHIP
DEPARTMENT OF PUBLIC WORKS & ENGINEERING

HANDICAP REQUEST
CHECK LIST

Name: Luis Novillo

Address: 60.50 JEFFERSON ST ORANGE
NJ 07050

- Letter from the individual addressed to: Marty Mayes
Director of Public Works
29 North Day S
Orange, New Jersey 07050
- Letter from the Doctor stating your medical condition
- Copy of Driver's License
- Copy of Disable I.D. Card
- Copy of Handicap Place Card and/or License Plate.
- Copy of Registration Card

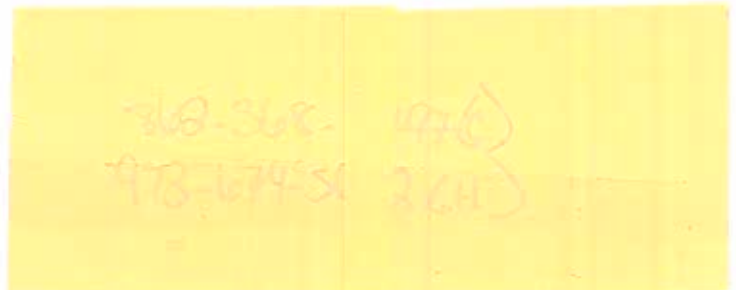
8/19/2022

To Marty Mayes or whom it may concern,

My name is Luis Novillo and I am seeking a handicap sign in front of my home 60 S. Jefferson st Orange Nj 07050 . This is due to my inability to walk more than 100 feet. Your assistance is appreciated.

Sincerely ,

Luis Novillo
Luis Novillo



PRIMARY MEDICAL CARE

JOSEPH SALESE, M.D. NPI# 1216045779 LIC# 25MA03403200 DEAF AS7809575
 FRANCIS J. GIALANELLA, M.D. NPI# 1265448237 LIC# 25MA06272300 DEAF 806584711
 LABEL GONZALEZ, M.D. NPI# 1588711448 LIC# 25MA09619100 DEAF FG5044300

386 VALLEY ROAD, WEST ORANGE, NJ 07052
 TEL: 973-673-3522 • FAX: 973-673-0018

LICENSE # _____ DEA # _____

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

PATIENT Luis Novello D.O.B. _____

ADDRESS _____ DATE 8-18-99

Unable to Walk 7100
 of's Assistance
 Handicap parking
 refund



SUBSTITUTION PERMISSIBLE _____ DO NOT SUBSTITUTE _____

DO NOT REFILL _____ SIGNATURE OF PRESCRIBER
 REFILL _____ TIMES Label Gonzalez

Use a separate form for each controlled substance prescription



Management Operation Services
Special Plate Unit
225 East State Street
P.O. Box 015
Trenton, NJ 08666
609-292-6500 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 LUIS NOVILLO		City, State, Zip Code ORANGE NJ 07050		
Street Address 60-50 JEFFERSON ST		Expiration Date 2-15-2025		
Driver License Number		Expiration Date		
Date of Birth	Sex MALE	Eye Color BROWN	Height 5-3	Weight 188
Daytime Telephone Number				

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 decision that may affect my New Jersey CDL privilege.

Current Plate Number: _____

Current Placard Number (for recertification applications): _____

SECTION B: WHEELCHAIR SYMBOL LICENSE PLATES (Photocopy of Registration Required)		
Registered Vehicle Owner's Name LUIS NOVILLO	Vehicle Plate Number	Expiration Date 07-23
Registered Vehicle Owner's Driver License Number	Expiration Date 2-15-2025	
Street Address 60-50 JEFFERSON ST	City, State, Zip Code ORANGE NJ 07050	

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 checked="" type="checkbox"/> Identification Card	
Vehicle Plate Number	Expiration Date
Placard Number	Expiration Date

Check One: 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: Luis Novillo Date: 8-19-2022

Signature of Person with a Disability: Luis Novillo Date: 8-19-2022



SECTION E: MEDICAL PRACTITIONER OR DISABLED VETERAN CERTIFICATION

Name of Medical Practitioner or Representative of the U.S.D.V.A. Abel Gonzalez

Street Address 396 Valley Rd City, State, Zip Code W Orange NJ 07057

Daytime Telephone Number 973 673 3522

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): Luis Novillo

- 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 arterial oxygen tension is less than sixty mm/hg on room air at rest; or uses portable oxygen.
- Has a cardiac condition to the extent that the applicant's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.
- 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).

I CERTIFY, UNDER PENALTY OF LAW, THAT MY PATIENT (print name) Luis Novillo 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.: Abel Gonzalez
 Abel Gonzalez, M.D. (973) 673-3622
 396 Valley Rd, W Orange, NJ 07057

SECTION F: 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 if 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. Failure to do so may cause the 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 criteria.

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

Signature of Registered Vehicle Owner: _____ Date: _____
 Signature of Person with a Disability: _____ Date: _____

NEW JERSEY NJMVC

AUTO DRIVER LICENSE

NOT FOR "REAL ID" PURPOSES



DL [REDACTED] CLASS D
DOB [REDACTED]
ISS 08-15-2022 EXP 02-15-2025
NOVILLO
LUX A
60 80 JEFFERSON
ORANGE, NJ 07054
SEX NONE
RESTR 1
GENDER M HT 5-08 WT 160 EYES BRN HAIR BRN
FP [REDACTED] [REDACTED]





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
2023	2024	2025	2026	2027	2028

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 2444008

SP 70(R)/21



VEHICLE REGISTRATION

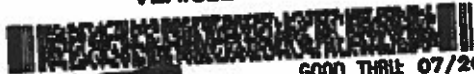


PLATE NO: [REDACTED] GOOD THRU: 07/2023
VIN: 4 8JBRM4H36E039239
MON 2014 4 DR RD CRV WC: 7
LUIS A NOVILLO PASSENGER 07
60 SO JEFFERSON ST DL: [REDACTED]
ORANGE NJ 07050 RENEWAL PT:HD
FEE: 39.50 RP202214487449581

192262307



PERSON WITH A DISABILITY ID
PLACARD#: P2444008 GOOD THRU: 08/2025

LUIS A NOVILLO
60 SO JEFFERSON ST
ORANGE NJ 07050-1513

LUIS A NOVILLO
60 SO JEFFERSON ST
ORANGE NJ 07050
EQ:0

HDC PLACARDS 50
DL: [REDACTED]
INITIAL PT:PH
FEE: 0.00 RE WN20222310080

192262307

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

PLACARD#: P2444008 GOOD THRU: AUG 2025 VIN:

[REDACTED]
LUIS A NOVILLO
60 SO JEFFERSON ST
ORANGE NJ

07050-1513

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

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

TOTAL: () 0.00
RE WN20222310080