

**CITY COUNCIL**

**The City of Orange Township, New Jersey**

**DATE** \_\_\_\_\_

**NUMBER** 2-2023

**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. (86 Ward St)

**WHEREAS**, Kathleen Taylor has in her possession a special identification card issued by the Division of Motor Vehicles of the State of New Jersey; and

**WHEREAS** Kathleen Taylor requested that a handicapped parking space be established in front of her 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:

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**BE IT FURTHER ORDAINED** that any ordinances or parts thereof in conflict with the provisions of this ordinance are repealed to the extent of such conflict.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

CITY OF ORANGE TOWNSHIP  
DEPARTMENT OF PUBLIC WORKS & ENGINEERING

HANDICAP REQUEST  
CHECKLIST

Name: Kathleen Taylor

Address: 86 Wined St

Phone number: 862 703 1291

Email Address: ferguson.kathleen07@gmail.com

- 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 -Rx
- Copy of Driver's License
- Copy of Disable I.D. Card
- Copy of Handicap Place Card and/or License Plate.
- Copy of Registration Card



**THE CITY OF ORANGE**

29 NO. DAY STREET • ORANGE, N.J. 07050  
Tel: (973) 266-4030 • Fax: (973) 876-1593

**DEPARTMENT OF  
PUBLIC WORKS & ENGINEERING**

Handicapped Parking Request:

By: Keesha L

Date: 10/28/22

Address: Steward St

Side of Street: East Side

Parking Ordinances Both Sides:

North Side: \_\_\_\_\_

South Side: \_\_\_\_\_

West Side: Wed mid to Sunday 9pm

East Side: Sun mid to Wed 9pm

Width of Street: 25 ft

One Way or Two Way: Two Way

Is a driveway present: NO

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

If so, at what address: \_\_\_\_\_

Mike Brown  
Inspector's Signature

10/27/22  
Date

To Mr Mayes

My name is Kathleen Taylor Smalling

I am request in a disability spot in front  
of my house 86 word St. for my sweet cell



10/26/22

**NEW JERSEY NJMVC**

**AUTO DRIVER LICENSE**



CLASS D  
DOB 09-07-1969  
ISS 01-29-2021  
EXP 09-07-2025  
TAYLOR-SMALLING  
KATHLEEN G  
85 WARD STREET  
ORANGE, NJ 07050-2009  
END NONE  
RESTR 1  
GENDER F HT 5-04 EYES BRN  
WW WY201000002308 REN

State of New Jersey  
**PRESCRIPTION BLANK**

JACKSON OKOYA, M.D.  
INTERNAL MEDICINE & PULMONARY MEDICINE  
40 UNION AVENUE, SUITE 204  
IRVINGTON, NJ 07111  
973-416-8981 FAX 973-376-5788  
NPI # 1174615165

LICENSE # 25MA0521B100 DEA #  
IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE   
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT *Kathleen Taylor* D.O.B. *10/28*  
ADDRESS DATE

*pt Disabled*  
*Need Maca*  
*D DOD L-S*  
*SPIN-1*

SUBSTITUTION PERMISSIBLE DO NOT SUBSTITUTE  
DO NOT REFILL SIGNATURE OF PRESCRIBER  
REFILL \_\_\_\_\_ TIMES

Use a separate form for each controlled substance prescription  
THIS PRESCRIPTION IS VALID FOR ONE USE OF THIS FORM INCLUDING ALTERATIONS OR PRESENT, ARE CROSSED PUNISHABLE

**WE APPRECIATE THE OPPORTUNITY TO SERVE YOU.**



**VEHICLE REGISTRATION**

NEW JERSEY STATE POLICE

WE APPRECIATE THE OPPORTUNITY TO SERVE YOU.



**VEHICLE REGISTRATION**



PLATE NO: R79MKZ      GOOD THRU: 03/2023  
VIN: WDDGJ4HB7CF919011  
MER 2012 2 DR RED C25 WC:7  
KATHLEEN G TAYLOR-SMALLING PASSENGER 07  
86 WARD STREET      DL: [REDACTED]  
ORANGE NJ 07050 RENEWAL PT:PA  
FEE: 39.50      WW202208800016853

2022089001168

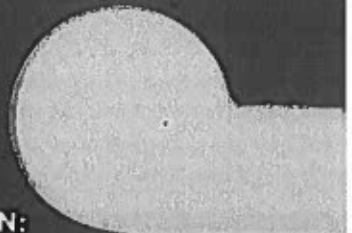


**PERSON WITH A DISABILITY ID**

PLACARD#: P2423136      GOOD THRU: 01/2023

KATHLEEN G TAYLOR-SMALLING HDC PLACARDS 50  
86 WARD STREET      DL: [REDACTED]  
ORANGE NJ 07050 REPLACEMENT PT:PH  
EQ:0      FEE: 0.00      KP RD20222210188

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 PERM



GOOD THROUGH\*

JUN	MAY	APR	MAR	FEB	JAN
DEC	NOV	OCT	SEP	AUG	JUL
2028	2027	2026	2025	2024	2023

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.

**P2423136**