

**CITY COUNCIL**

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

DATE \_\_\_\_\_

NUMBER 19-2023

**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. (169 Central Pl )**

**WHEREAS, Mark P Williams** has in his possession a special identification card issued by the Division of Motor Vehicles of the State of New Jersey; and

**WHEREAS , Mark P Williams** 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:

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**BE IT FURTHER ORDAINED** that any ordinances or parts thereof in conflict with the provisions of this ordinance are repealed to the extent of such conflict.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

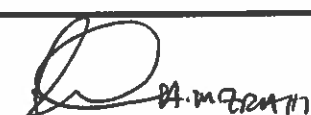
\_\_\_\_\_  
**Tency Eason**  
Council President

**Purpose:** Create Handicapped Parking Space

**Economic Impact:** None

**Approved:**

\_\_\_\_\_  
**Dwayne D. Warren, Esq.**  
Mayor

  
\_\_\_\_\_  
D. D. WARREN





April 14, 2023

Mr. Marty Mayes, Director of Public Works & Engineering  
City of Orange Township  
29 North Day Street  
Orange, New Jersey 07050

**Re: City of Orange Township  
Recommendation for On-Street Handicapped Parking at 169 Central Place  
Block 3301, Lot 54  
RVE File No. 0717G009**

Dear Mr. Mayes:

At the request of the City, our office conducted a site investigation of the above-referenced location to determine the feasibility of installing an on-street handicapped parking stall. Our office conducted the investigation per *City Code Chapter 200-18.1 Handicapped Parking Spaces*. Below please find a summary of the City Code requirements and our findings:

City Code Requirement	Findings
Is parking prohibited in area?	No
Will the parking space interfere with normal traffic flow?	No
Will the number and/or nature of commercial establishments in the area make the parking stall burdensome or impracticable?	No
Will the existence of other restricted parking stall in the vicinity of the proposed parking stall create an unreasonable burden on residents?	No
Is there an existing handicapped parking stall within 300 feet of the proposed parking stall?	No

Our office also noted the following conditions during its site investigation:

- Property appears to be a multi-family residential dwelling.
- There is no driveway associated with the property.

Based on our investigation, the above-referenced property meets the requirements of *City Code Chapter 200-18.1 Handicapped Parking Spaces*.

Should the City approve the application, our office recommends that the stall be constructed on the west curbline of Central Place directly in front of the property. Our office can provide technical guidance upon request.



If you have any questions, please feel free to call Derek Dorrah at (201) 624-2137 ext. 1195.

Sincerely,  
**REMINGTON & VERNICK ENGINEERS**

A handwritten signature in blue ink, appearing to read 'J. Barbadoro', is positioned above the typed name.

Joseph P. Barbadoro, P.E.  
Project Manager & Engineer

**Enclosures**

cc : Ellie Serrano, Department of Public Works; Derek Dorrah, RVE



CITY OF ORANGE TOWNSHIP  
DEPARTMENT OF PUBLIC WORKS & ENGINEERING

HANDICAP REQUEST  
CHECKLIST AND  
CERTIFICATION  
FORM

Name: Mark P. Williams

Address: 169 Central Pl

Phone number: 862-321-8002

Email Address: WillFam2385@comcast.net

- 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
- I hereby certify that I am in need of a handicap parking sign at the above-mentioned address and I hereby certify that I do not have a driveway or garage accessible for use as a parking space at the above-mentioned address.
- I am aware that upon council approval, I am responsible for payment of onetime fee of \$100 for the handicap sign installation at the above mentioned address.

Signature: Mark P. Williams

Date: 12/7/22





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	<input checked="" type="radio"/> C
2022	2023	2024	20 <input checked="" type="radio"/>	2026	2027

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 revalidates this placard.

**P 2648815**



WE APPRECIATE THE OPPORTUNITY TO SERVE YOU.



VEHICLE REGISTRATION



PLATE NO: L50FKF      GOOD THRU: 05/2023  
VIN: 3 4T1BE32K45U583243  
TOY 2005 4 DR    BG    CAM    MC: 7  
MARK P WILLIAMS  
169 CENTRAL PL    PASSENGER    07  
ORANGE            NJ 07050    RENEWAL    PT:PA  
FEE: 46.50      WW202212200004369

2022123007402

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State of New Jersey  
**PRESCRIPTION BLANK**

EMPIRE MEDICAL ASSOCIATES, P.C.  
SARAFIA R. LEVIN, P.A.-C  
55 MORRIS AVENUE, SUITE 100, SPRINGFIELD, NJ 07081  
TEL: (973) 788-5170 FAX: (973) 788-5176 NPI: 1194887514

LICENSE # 25AP00427500      DEA #      NJ 4554401

UTRAA KODIVALLAM, M.D.

LICENSE # 25MAA00893300      DEA #      BK 5749415

UNREGISTERED PHYSICIAN SUPERVISOR

LICENSE # \_\_\_\_\_ TEL # \_\_\_\_\_

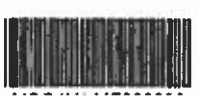
IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT Mark Williams Sr      D.O.B. [REDACTED]      DATE 11/16/12

ADDRESS \_\_\_\_\_

Melinda Lucente  
Blacard

(#2)



SUBSTITUTION PERMISSIBLE      DO NOT SUBSTITUTE

DO NOT REFILL      SIGNATURE OF PRESCRIBER

REFILL \_\_\_\_\_ TIMES      [Signature]

Use a separate form for each controlled substance prescription

THIS QUALIFIED PHYSICIAN MAY USE OF THIS FORM INCLUDING ALTERATIONS OR FACSIMILE, ARE CONSIDERED PERMISSIBLE BY THE BOARD OF MEDICAL PROFESSIONALS

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**NEW JERSEY DMV**

**AUTO DRIVER LICENSE**

NOT FOR "REAL ID" PURPOSES

CLASS D



DL [REDACTED]  
DOB [REDACTED]  
ISS 06-08-2023 EXP 09-07-2025

WILLIAMS  
MARK P  
168 CENTRAL PL  
ORANGE, NJ 07050-1604  
END NONE  
RESTR NONE

GENDER M HT 508 WT 175 HA BRN EYES BRN  
WX [REDACTED] 1145 DUP02 4449



[REDACTED]





*Bill*  
OFFICE OF THE CLERK  
TREASURER OF THE STATE

**PERSON WITH A DISABILITY ID**  
**PLACARD#: P2848815**      **GOOD THRU: 12/2025**

**MARK P WILLIAMS**      **HDC PLACARDS 50**  
**169 CENTRAL PL**      **DL: [REDACTED]**  
**ORANGE**      **NJ 07050**      **RENEWAL/REPL PT:PH**  
**EQ:0**      **FEE: 0.00**      **TT E020223400217**

XXXXXXXXXX