

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**BE IT FURTHER ORDAINED** that any ordinances or parts thereof in conflict with the provisions of this ordinance are repealed to the extent of such conflict.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



**ORDINANCE NO. 2-2023**

**REGULAR MEETING – January 17, 2023**

**INTRODUCTION-FIRST READING**

**MOTION TO POSTPONE: Eason**

**SECOND: Montague, III**

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

**NAYS: None**

**ABSTENTIONS: None**

**ABSENCES: None**

**MARCH 7, 2023 MEETING**

**SECOND READING/PUBLIC HEARING – February 7, 2023**



CITY OF ORANGE TOWNSHIP  
DEPARTMENT OF PUBLIC WORKS & ENGINEERING

HANDICAP REQUEST  
CHECKLIST

Name: Kathleen Taylor

Address: 86 Ward 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 -BC
- 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) 878-1593

DEPARTMENT OF  
PUBLIC WORKS & ENGINEERING

Handicapped Parking Request:

By: haasha 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 Mayer

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



DOB 09-07-1969  
ISS 01-29-2021  
EXP 09-07-2025  
CLASS D  
TAYLOR-SMALLING  
KATHLEEN G  
88 WARD STREET  
ORANGE, NJ 07055-4309  
END NONE  
RESTR 1  
GENDER F HT 5'02" EYES BRN  
HAIR BROWN SKIN REN

## State of New Jersey PRESCRIPTION BLANK

JACKSON OKOYA, M.D.  
INTERNAL MEDICINE & PULMONARY MEDICINE  
40 UNION AVENUE, SUITE 204  
IRVINGTON, NJ 07111  
973-416-6981 FAX: 973-376-5700  
NPI # 1174615165

LICENSE # 25MA05218100 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 10/28

*pt Disabled  
need Maca  
D DOD L-S  
SMV-1*

SUBSTITUTION PERMISSIBLE  DO NOT SUBSTITUTE  
DO NOT REFILL  SIGNATURE OF PRESCRIBER *[Signature]*  
REFILL \_\_\_\_\_ TIMES

Use a separate form for each controlled substance prescription  
THEY, UNLAWFUL PRESCRIPTION AND/OR USE OF THIS FORM VIOLATING ALTERNATIVE DISPOSITION, ARE CRIMES PUNISHABLE

WE APPRECIATE THE OPPORTUNITY TO SERVE YOU.



VEHICLE REGISTRATION

NEW JERSEY MOTOR VEHICLE COMMISSION



WE APPRECIATE THE OPPORTUNITY TO SERVE YOU.



**VEHICLE REGISTRATION**



PLATE NO: R79MKZ GOOD THRU: 03/2023  
VIN: WDDGJ4HB7CF918011  
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

2022089001188



**PERSON WITH A DISABILITY ID**  
PLACARD#: P2423136 GOOD THRU: 01/2023

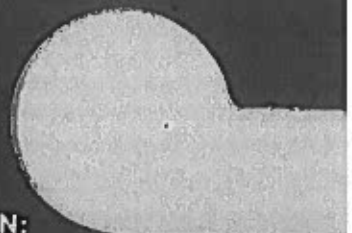
KATHLEEN G TAYLOR-SMALLING HDC PLACARDS 50  
86 WARD STREET DL: [REDACTED]  
ORANGE NJ 07050 REPLACEMENT PT:PH  
EQ:0 FEE: 0.00 KP RD20222210188

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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**

