Town of
Brookhaven
Long Island

Donna Lent, Town Clerk
Lauren Thoden, Deputy Town Clerk One
Independence Hill, Farmingville, NY 11738

For Additional Information, Please Visit
www.brookhavenny.gov/departments/townclerk

PARKING PERMIT FOR PERSONS WITH DISABILITIES APPLICATION PROCEDURE

If you are a resident of the Town of Brookhaven who qualifies as a severely disabled person, you can obtain an application for a parking permit for persons with disabilities from the Town Clerk's Office at 1 Independence Hill, Farmingville. Persons living within the incorporated villages of Patchogue, Port Jefferson, Belle Terre and Bellport must obtain the application and their permit at their village hall.

Parking permits issued to individuals with a permanent disability are valid for five (5) years. Temporary Parking Permits are valid for a maximum of six (6) months and are issued to any resident who is certified by a physician as being temporarily unable to walk without the help of an assistive device.

IDENTIFICATION REQUIREMENTS

Applications for New, Renewal and Lost/Stolen Permits must be submitted with copies of one of the following:

- Valid Driver's License
- Valid DMV issued Non-Driver Photo ID (NDID)

If you do not have a valid Driver's License or Non-Driver's ID, please contact the Town Clerk's office at (631) 451-9124 or (631) 451-7093 for additional information on accepted proof of identity.

PROOF OF RESIDENCY REQUIREMENTS

If your driver's license or NDID does not list your current physical address, a utility bill, bank statement or credit card statement that includes your name and current physical address dated within the last six (6) months must also be submitted with your application.

NEW PERMITS

Part I of the application is to be filled out and signed by the applicant. A Parent/Guardian shall sign the application for applicants under the age of 18. Guardianship papers or Power of Attorney must be provided if the applicant is 18 years of age or older and unable to sign. If your mail is delivered to a P.O. Box, you must also include your street address on the application. Part II of the application must be completed (including diagnosis and professional license number) and signed by your physician (MD, DO, NP, PA or DPM). Chiropractors (DC) are not considered "physicians" under the Vehicle and Traffic Law, Sec. 1203.

You should return the application by mail **(NO FAX COPIES OR PHOTOCOPIES)** to the address listed on the top of the application.

RENEWAL PERMITS

If renewing a permit, the expiring permit **MUST BE RETURNED**. Part I and Part II of the application must be completed for all permit renewals. If your permit was issued from another municipality, you must file an application as a new resident.

You should return the application by mail **(NO FAX COPIES OR PHOTOCOPIES)** to the address listed on the top of the application.

LOST OR STOLEN PERMITS

If your permit was lost or stolen, you must sign a sworn affidavit and have it notarized. You must also complete and sign Part I of the permit application. **(NO FAX COPIES OR PHOTOCOPIES)**

The affidavit mentioned above states that you would be issued **ONE (1) replacement tag**. If the replacement tag is lost or stolen the Town Clerk's Office ***may not issue you another tag***. You will have the option of going to the Department of Motor Vehicles for plates.

If you need additional assistance, please call (631) 451-9124 or (631) 451-7093.

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Application for Parking Permit for Persons with Disabilities

Donna Lent, Town Clerk
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TC-03 rev. 9/20

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Expired Parking Permit Tag and required ID MUST be returned with this application. See attached instructions for additional information. Return completed application with a stamped self-addressed legal-size envelope to: **Brookhaven Town Clerk, One Independence Hill, Farmingville, NY 11738.** ***FAX COPIES OF APPLICATION WILL NOT BE ACCEPTED***

Office Use Only	**Permit No.:**	**Expiration Date:**	**ID Shown:**

PART 1: TO BE COMPLETED BY APPLICANT OR PARENT/GUARDIAN IF A MINOR

1. Date:	2. ☐ New ☐ Renewal ☐ Replacement ☐ Damaged	3. Prior Permit Number:
4. Name: Last First MI		5. Telephone:
6. Address:		
7. Mailing Address: (if different from above)		
8. Date of Birth:	9. ☐ Male ☐ Female	10. Email Address:

11. Signature of Applicant: If signed by parent/guardian for applicants under the age of 18, please state your relationship to the applicant. If the applicant is 18 years of age or older and unable to sign, Guardianship papers or Power of Attorney must be provided.

12. Please visit BrookhavenNY.gov/Subscribe to receive information regarding accessibility in the Town of Brookhaven.

PART 2: TO BE COMPLETED BY AUTHORIZED MEDICAL PROFESSIONAL (*DIAGNOSIS REQUIRED*).

Disabilities must be certified by a Medical Doctor **(MD)**, Doctor of Osteopathy **(DO)**, Physician Assistant **(PA)**, Nurse Practitioner **(NP)**, a Doctor of Podiatric Medicine **(DPM)** for disabilities related to the foot, or Optometrist **(OD)** for blindness

13. Name of Physician:	14. Professional License No.:	15. Telephone No.:

16. Address: Number and Street Town State Zip Code

TEMPORARY DISABILITIES

☐ **Temporary Disability:** Temporary disability, by definition, is any person who is temporarily unable to ambulate without the aide of an assisting device, i.e. a brace, cane, crutch, prosthetic device, another person, wheelchair or walker. ***IMPORTANT*: Temporary permits are issued for six (6) months or less regardless of expected recovery date.**

17. **DIAGNOSIS:** Do Not Abbreviate or Use Office Codes	18. Expected Recovery Date:

19. What assistive device is needed?

PERMANENT DISABILITIES

☐ **Permanent Disability:** A "severely disabled" person is any person with one or more of the PERMANENT impairments, disabilities or conditions listed below, which limit mobility.

20. **DIAGNOSIS:** Do Not Abbreviate or Use Office Codes

21. Please check the conditions that apply:

☐ Uses portable oxygen ☐ Legally blind ☐ Limited or no use of one or both legs ☐ Unable to walk 200 ft. without stopping
☐ Neuromuscular dysfunction that severely limits mobility ☐ Class III or IV cardiac conditions (American Heart Association standards)
☐ Severely limited in ability to walk due to an arthritic, neurological or orthopedic condition
☐ Restricted by lung disease to such an extent that forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than sixty mm/hg of room air at rest
☐ Has a physical or mental impairment or condition not listed above which constitutes an equal degree of disability, and which imposes unusual hardship in the use of public transportation and prevents the person from getting around without difficulty
EXPLAIN BELOW HOW THIS DISABILITY LIMITS FUNCTIONAL MOBILITY

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22. Signature of Physician: ***(Signature Stamp Will Not Be Accepted)***	23. Date: (must be dated within the last 6 months)