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Rec 2/28/23 LC

TOWNSHIP OF WEEHAWKEN
RENEWAL APPLICATION
APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

For the Year Ending December 31, 2023 — **DUE BY DECEMBER 9th 2022**

Name of applicant: Teodoro Lopez Jr

Name of Handicapped Applicant: SAME

Address of Applicant: 4808 Park Ave [redacted]
WEEHAWKEN, NJ

Telephone No [redacted] License Plate No: [redacted]

Make/Model/Year of Vehicle: [redacted]

1. Has there been any change in the information supplied with your last full application? N/A

If so, described the changes in the space below: N/A

Attach to this application a copy of your current driver's license and registration for the vehicle for which the permit has been issued.

_____, the Applicant, of full age being duly sworn according to law, upon his/her oath deposes and says that all of the above information is absolutely true and correct in every detail.

Signature of Applicant

PLEASE NOTE: THIS APPLICATION MUST BE ACCOMPANIED BY A PERMIT FEE IN THE AMOUNT OF $ 35.00

The Township reserves the right to have an applicant's handicap verified by the Township's physician; and at the Township's discretion, the applicant may be interviewed by the Handicapped Parking Committee. The Township also reserves the right to deny the designation of a restricted parking zone based on this affidavit, that of the applicant's physician, or the report of the Township's physician.

COPIES OF THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:

- Driver License
- Vehicle Registration
- Physician's Affidavit

Please be advised no other vehicle may park in assigned spot.

TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

RECEIVED
APR 03 2023
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

For the Year Ending December 31, 20 23

Name of Handicapped Applicant: Martha Moran

Address of Applicant: 226 Shippen St. Weehawken, NJ
WEEHAWKEN, NJ

Telephone No.: [redacted] nse Plate No: [redacted]

Make/Model/Year of Vehicle: [redacted]

1. Does the applicant live in the residence in front of which the restricted parking zone is sought? _____

2. Is the applicant a tenant or owner of home in front of which the restricted parking zone is sought? _____

3. Does the applicant hold a valid current New Jersey Driver License? Please attach a photocopy of the license? _____

4. Does the applicant own the vehicle sought to be parked in the respected parking zone? _____

5. Does the applicant operate the vehicle sought to be parked in the restricted parking zone? _____

6. If the Division of Motor Vehicles has required that the vehicle sought to be parked in the restricted parking zone be equipped with special attachments or devices, is the vehicle so equipped? _____

7. Is there a driveway at the residence available for the applicant's use? If the answer to the above question is "Yes," DO NOT FILE THIS APPLICATION. _____

MARTHA MORAN, the Applicant, of full age being duly sworn according to law upon his/her oath deposes and says that all of the above information is absolutely true and correct in every detail.

MARITZA VIDAL
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES FEB 27, 2028

MARITZA VIDAL
Commission # 2292288
NOTARY PUBLIC
EXP. 02-27-2028
STATE OF NEW JERSEY

Martha Moran
Signature of Applicant

Sworn to and subscribed before me this 31st day of MARCH 2023

Maritza Vidal
Notary

PLEASE NOTE: This application must be accompanied by an affidavit from your physician in the form supplied by the Township Clerk [copy of which is attached hereto]. The completed application must be approved by passage of Ordinance by the Township Council before a Restricted Parking Zone may be designated.

The Township reserves the right to have an applicant's handicap verified by the Townslip's physician, and at the Township's discretion, the applicant may be interviewed by the Handicapped Parking Committee. The Township also reserves the right to deny the designation of a restricted parking zone based on this affidavit, that of the applicant's physician, or the report of the Township's physician.

COPIES OF THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:

1. Special Vehicle Handicap Identification issued by the NJ Division of Motor Vehicles;
2. Driver License;
3. Vehicle Registration.

*ON APPROVAL ONLY, YOU WILL BE NOTIFIED.

*SERA NOTIFICADO SOLAMENTE SI ES APROBADO.

TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

RECEIVED
APR 24 2023
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

For the Year Ending December 31, 20__

Name of Handicapped Applicant: Eddy Perello

Address of Applicant: 51 47st APT [redacted]
WEEHAWKEN, NJ

Telephone No: [redacted] License Plate N[redacted]

Make/Model/Year of Vehicle: [redacted]

1. Does the applicant live in the residence in front of which the restricted parking zone is sought? NO
2. Is the applicant a tenant or owner of home in front of which the restricted parking zone is sought? SI
3. Does the applicant hold a valid current New Jersey Driver License? Please attach a photocopy of the license? SI
4. Does the applicant own the vehicle sought to be parked in the restricted parking zone? NO
5. Does the applicant operate the vehicle sought to be parked in the restricted parking zone? NO
6. If the Division of Motor Vehicles has required that the vehicle sought to be parked in the restricted parking zone be equipped with special attachments or devices, is the vehicle so equipped? NO
7. Is there a driveway at the residence available for the applicant's use? If the answer to the above question is "Yes," DO NOT FILE THIS APPLICATION. SI

Eddy Perello, the Applicant, of full age being duly sworn according to law, upon his/her oath deposes and says that all of the above information is absolutely true and correct in every detail.

Eddy R Perello
Signature of Applicant

Sworn to and Subscribed before me this
____ day of _____ 20__.

_____
Notary

PLEASE NOTE: This application must be accompanied by an affidavit from your physician in the form supplied by the Township Clerk [copy of which is attached hereto]. The completed application must be approved by passage of Ordinance by the Township Council before a Restricted Parking Zone may be designated.

The Township reserves the right to have an applicant's handicap verified by the Township's physician; and at the Township's discretion, the applicant may be interviewed by the Handicapped Parking Committee. The Township also reserves the right to deny the designation of a restricted parking zone based on this affidavit, that of the applicant's physician, or the report of the Township's physician.

COPIES OF THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:

1. Special Vehicle handicap identification issued by the NJ Division of Motor Vehicles;
2. Driver License;
3. Vehicle Registration.

★ON APPROVAL ONLY, YOU WILL BE NOTIFIED.

★SERA NOTIFICADO SOLAMENTE, SI ES APROBADO.

TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

9/18/23

For the Year Ending December 31, 2023

Name of Handicapped Applicant: LAZARO MARON COTERON

Address of Applicant: 4800 Park Ave [redacted]

WEEHAWKEN, NJ

Telephone No: [redacted] License Plate No: [redacted]

Make/Model/Year of Vehicle: [redacted]

1. Does the applicant live in the residence in front of which the restricted parking zone is sought? YES
2. Is the applicant a tenant or owner of home in front of which the restricted parking zone is sought? YES
3. Does the applicant hold a valid current New Jersey Driver License? Please attach a photocopy of the license? YES
4. Does the applicant own the vehicle sought to be parked in the restricted parking zone? YES
5. Does the applicant operate the vehicle sought to be parked in the restricted parking zone? YES
6. If the Division of Motor Vehicles has required that the vehicle sought to be parked in the restricted parking zone be equipped with special attachments or devices, is the vehicle so equipped?
7. Is there a driveway at the residence available for the applicant's use? If the answer to the above question is "Yes," DO NOT FILE THIS APPLICATION. NO

LAZARO MARON COTERON, the Applicant, of full age being duly sworn according to law, upon his/her oath deposes and says that all of the above information is absolutely true and correct in every detail.

Signature of Applicant

Sworn to and Subscribed before me this 15th day of September 2023

Notary

MODESTO REYES
-NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES JULY 18, 2028

PLEASE NOTE: This application must be accompanied by an affidavit from your physician in the form supplied by the Township Clerk [copy of which is attached hereto]. The completed application must be approved by passage of Ordinance by the Township Council before a Restricted Parking Zone may be designated.

The Township reserves the right to have an applicant's handicap verified by the Township's physician; and at the Township's discretion, the applicant may be interviewed by the Handicapped Parking Committee. The Township also reserves the right to deny the designation of a restricted parking zone based on this affidavit, that of the applicant's physician, or the report of the Township's physician.

COPIES OF THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:

1. Special Vehicle handicap identification issued by the NJ Division of Motor Vehicles;
2. Driver License;
3. Vehicle Registration.

★ON APPROVAL ONLY, YOU WILL BE NOTIFIED.

★SERA NOTIFICADO SOLAMENTE, SI ES APROBADO.

TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

For the Year Ending December 31, 2023

Name of Handicapped Applicant: Virginia Bado

Address of Applicant: 46 King Ave, Weehawken NJ 07086.
WEEHAWKEN, NJ

Telephone No: [redacted] License Plate No: [redacted]

Make/Model/Year of Vehicle: [redacted]

1. Does the applicant live in the residence in front of which the restricted parking zone is sought? Yes
2. Is the applicant a tenant or owner of home in front of which the restricted parking zone is sought? Owner
3. Does the applicant hold a valid current New Jersey Driver License? Please attach a photocopy of the license? Yes
4. Does the applicant own the vehicle sought to be parked in the restricted parking zone? Yes
5. Does the applicant operate the vehicle sought to be parked in the restricted parking zone? Yes
6. If the Division of Motor Vehicles has required that the vehicle sought to be parked in the restricted parking zone be equipped with special attachments or devices, is the vehicle so equipped? Yes
7. Is there a driveway at the residence available for the applicant's use? If the answer to the above question is "Yes," DO NOT FILE THIS APPLICATION. No

Virginia Bado, the Applicant, of full age being duly sworn according to law, upon his/her oath deposes and says that all of the above information is absolutely true and correct in every detail.

Virginia Bado
Signature of Applicant

Sworn to and Subscribed before me this 10 day of November 2023

Donna M. Macina
Notary

STATE OF NEW JERSEY NOTARY PUBLIC
DONNA M. MACINA
NOTARY PUBLIC OF NEW JERSEY
COMMISSION # 2003973
MY COMMISSION EXPIRES 10/2/2025

PLEASE NOTE: This application must be accompanied by an affidavit from your physician in the form supplied by the Township Clerk [copy of which is attached hereto]. The completed application must be approved by passage of Ordinance by the Township Council before a Restricted Parking Zone may be designated.

The Township reserves the right to have an applicant's handicap verified by the Township's physician; and at the Township's discretion, the applicant may be interviewed by the Handicapped Parking Committee. The Township also reserves the right to deny the designation of a restricted parking zone based on this affidavit, that of the applicant's physician, or the report of the Township's physician.

COPIES OF THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:

1. Special Vehicle handicap identification issued by the NJ Division of Motor Vehicles;
2. Driver License;
3. Vehicle Registration.

RECEIVED
NOV 14 2023
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

*ON APPROVAL ONLY, YOU WILL BE NOTIFIED.

*SERA NOTIFICADO SOLAMENTE, SI ES APROBADO.

TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

For the Year Ending December 31, 2023.

Name of Handicapped Applicant: Emilio Castro

Address of Applicant: 555 Hudson Ave
WEEHAWKEN, NJ

Telephone No: [redacted] License Plate No: [redacted]

Make/Model/Year of Vehicle: [redacted]

1. Does the applicant live in the residence in front of which the restricted parking zone is sought? yes
2. Is the applicant a tenant or owner of home in front of which the restricted parking zone is sought? tenant w/owner permission
3. Does the applicant hold a valid current New Jersey Driver License? Please attach a photocopy of the license? Yes
4. Does the applicant own the vehicle sought to be parked in the restricted parking zone? yes
5. Does the applicant operate the vehicle sought to be parked in the restricted parking zone? yes
6. If the Division of Motor Vehicles has required that the vehicle sought to be parked in the restricted parking zone be equipped with special attachments or devices, is the vehicle so equipped? N/A
7. Is there a driveway at the residence available for the applicant's use? If the answer to the above question is "Yes," DO NOT FILE THIS APPLICATION. No

Emilio Castro, the Applicant, of full age being duly sworn according to law, upon his/her oath deposes and says that all of the above information is absolutely true and correct in every detail.

Emilio Castro
Signature of Applicant

Sworn to and Subscribed before me this
5th day of December 2023

Sandra Valencia
Notary

SANDRA VALENCIA
NOTARY PUBLIC
STATE OF NEW JERSEY
My Commission Expires March 2, 2025
ID#50011141

PLEASE NOTE: This application must be accompanied by an affidavit from your physician in the form supplied by the Township Clerk [copy of which is attached hereto]. The completed application must be approved by passage of Ordinance by the Township Council before a Restricted Parking Zone may be designated.

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COPIES OF THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:

1. Special Vehicle handicap identification issued by the NJ Division of Motor Vehicles;
2. Driver License;
3. Vehicle Registration.

★ON APPROVAL ONLY, YOU WILL BE NOTIFIED.

★SERA NOTIFICADO SOLAMENTE, SI ES APROBADO.