TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

For the Year Ending December 31, 2024

Name of Handicapped Applicant: Mario Medina

Address of Applicant: 87 Highwood Terrace
WEEHAWKEN. NJ

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

Make/Model/Year of Vehicle: [redacted]

RECEIVED
FEB 08 2024
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

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? leased
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

Mario Medina, 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.

Mario Medina
Signature of Applicant

Sworn to and Subscribed before me this 2 day of February 2024

Notary

GLORIA ALVAREZ
NOTARY PUBLIC OF EW JERSEY
ID # 50208509
My Commission Expires March 27, 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, 20__

Name of Handicapped Applicant: Guarky K. Mateo

Address of Applicant: 3216 Pleasant Avenue
WEEHAWKEN, NJ

Telephone No: [redacted] license Plate No: [redacted]

Make/Model/Year of Vehicle: [redacted]

RECEIVED
FEB 12 2024
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

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? NO
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? 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. NO

Guarky K. Mateo 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.

Guarky Mateo
Signature of Applicant

Sworn to and Subscribed before me this
07 day of February 2024

John Kutaich
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.

OFFICIAL SEAL
JOHN E KUTAICH
NOTARY PUBLIC - NEW JERSEY
Comm. # 2441980
My Comm. Expires January 8, 2029

Rec 2-12-24 YC

TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

2/12/24

For the Year Ending December 31, 20__

Name of Handicapped Applicant: Ruth I. Baez

Address of Applicant: 607 Gregory 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
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

Ruth I. Baez, 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.

Ruth I. Baez
Signature of Applicant

Sworn to and Subscribed before me this 3rd day of May 2024.

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.

MARIA D UMBRIA JUAREZ ID#2401611
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES OCTOBER 22, 2025

TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

For the Year Ending December 31, 20__

Name of Handicapped Applicant: Mohamad A Hamad

Address of Applicant: 29-49 [redacted] WEEHAWKEN, NJ

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

Make/Model/Year of Vehicle: [redacted]

RECEIVED
MAR 28 2024
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

1. Does the applicant live in the residence in front of which the restricted parking zone is sought? Y/N
2. Is the applicant a tenant or owner of home in front of which the restricted parking zone is sought? Y/N
3. Does the applicant hold a valid current New Jersey Driver License? Please attach a photocopy of the license? Y/N
4. Does the applicant own the vehicle sought to be parked in the restricted parking zone? Y/N
5. Does the applicant operate the vehicle sought to be parked in the restricted parking zone? Y/N
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. NO

_____, 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
____ 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

For the Year Ending December 31, 20__.

Name of Handicapped Applicant: Leidy Valencia Correa

Address of Applicant: 3046 7th Street [redacted]
WEEHAWKEN, NJ

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

Make/Model/Year of Vehicle: [redacted]

RECEIVED
MAY 06 2024
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

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 restricted 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. NO

Leidy Valencia C, 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
__ 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

5/30/24
4E

For the Year Ending December 31, 20

Name of Handicapped Applicant: Pam Dorr

Address of Applicant: 4402 Park 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? No
(If the answer to the above question is Yes, DO NOT USE THIS APPLICATION.)

Pam Dorr, 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
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

For the Year Ending December 31, 2024

RECEIVED
JUL 02 2024
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

Name of Handicapped Applicant: Yamileth Palacios Tejada

Address of Applicant: 45 51st St. [redacted] 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? 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? No
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? 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. No

Yamileth J. Palacios Tejada, 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
____ 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.

RECEIVED
JUL 02 2024
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

For the Year Ending December 31, 20__.

Name of Handicapped Applicant: Kelyn Y. Funes Mejia

Address of Applicant: 3344 Park ave [redacted]

WEEHAWKEN, NJ

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

Make/Model/Year of Vehicle: [redacted]

RECEIVED
JUL - 9 2024
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

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? 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. No

Kelyn Y. Funes Mejia, 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.

Kelyn Y. Funes Mejia
Signature of Applicant

Sworn to and Subscribed before me this
9 day of July 2024

Saveka Velazquez
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.

★SERÁ NOTIFICADO SOLAMENTE, SI ES APROBADO.

SAVEKA VELAZQUEZ
Commission # 50105659
Notary Public, State of New Jersey
My Commission Expires
May 23, 2029

Optum
Internal Medicine
4201 New York Avenue
Union City, NJ 07087
201-766-6568 F 201-766-6572

TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

RECEIVED
OCT 4 2024
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

For the Year Ending December 31, 20__.

Name of Handicapped Applicant: Ellen A Schwarz

Address of Applicant: 425 Gregory Ave [redacted] 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? tenant
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? 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. NO

Ellen Adela Schwarz 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 4th day of October 2024.

Julissa Borrero
Notary

JULISSA BORRERO
Notary Public, State of New Jersey
Comm. # 50223932
My Commission Expires 7/18/2029

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

Rec 10/24/24

For the Year Ending December 31, 20__.

Name of Handicapped Applicant: Wael M. Elgawly

Address of Applicant: 95 Highwood Terrace [redacted] Weehawken NJ 07086
WEEHAWKEN, NJ

Telephone N[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? 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? NO
4. Does the applicant own the vehicle sought to be parked in the restricted parking zone? NO, Belongs to Spouse.
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. NO

Wael Elgawly, 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 4 day of October 2024

Notary

JESSICA CARPANINI
Notary Public - State of New York
NO. 01CA6307015
Qualified in Orange County
My Commission Expires Jun 30, 2026

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, 2024

Name of Handicapped Applicant: Sarah Wilkins

Address of Applicant: 83 Fulton St, [redacted], Weehawken, NJ
WEEHAWKEN, NJ

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

Make/Model/Year of Vehicle: [redacted]

RECEIVED
NOV 12 2024
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

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
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

Sarah Wilkins, 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 12 day of December 2024

Notary

GLORIA S. LEON
Notary Public – State of New Jersey
ID NO: 2394631
Commission Expires: 03/30/2025

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.

★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
NOV 22 2024
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

For the Year Ending December 31, 2024

Name of Handicapped Applicant: Jennifer Cardenas

Address of Applicant: 10-12 48th Street 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? 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? 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

Jennifer Cardenas, 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
22 day of November 2024

Brigitte Castro
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.

Brigitte V. Castro Gomez
Notary Public
State Of New Jersey
My Commission Expires, May 25 2027
No. 50061319

12/30/24

TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

For the Year Ending December 31, 20__.

Name of Handicapped Applicant: Dasqua Cirillo

Address of Applicant: 101 Shippen Street Weehawken, N.J. 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? No
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.

Dasqua Cirillo 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 30th day of December 2024

Julissa Borrero
Notary

JULISSA BORRERO
Notary Public, State of New Jersey
Comm. # 50223932
My Commission Expires 7/18/2029

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 varified 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.

Driver - Laura C. Ventura