



THE CITY OF BRUNSWICK MARYLAND

1 WEST POTOMAC STREET · BRUNSWICK, MARYLAND 21716 · (301) 834-7500

City of Brunswick Handicap/Disability Parking Space Process

Application may be obtained from City Hall or the City's website at www.BrunswickMD.gov.

Applicants for a Handicap Parking Space must meet the following minimum requirements:

- A City of Brunswick resident; and
- Resides in a dwelling unit with no associated accessible off-street parking, i.e., garage, driveway, parking pad; and
- Provide documentation showing the applicant resides in the dwelling unit for which the applicant seeks to have the handicapped parking space created; and
- Possess a handicap parking placard and license plate or Disabled Veteran license plates issued by the Maryland Motor Vehicle Administration.

Application Process

- Applicant must complete and submit the application packet.
- Application Packet will be routed to City Staff for internal review and comment.
- Application Packet and comments are routed to City Administrator and Mayor for consideration and possible final approval.
- Applicant will be notified of decision.
- If approved Public Works will install signage at approved location.
- Periodic review may occur of handicap spaces throughout the City. This will result in spaces being posted and applicants may be asked to update their applications or spaces may be removed.
- If approved, the space will be established as a handicap space and not individually assigned to the applicant.
- Decision may be appealed to the City Council.

I have read and understand the above process.

Signature of Applicant:	Date:
Applicant Name (Printed):	



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Handicap/Disability Parking Space Application Request Form

The following documentation must accompany the application:

- A copy of the handicap placard or license plate issued by Motor Vehicle Administration; and
- Documentation showing the applicant resides in the dwelling unit for which the applicant seeks to have the handicapped parking space created.

Any individual who has requested a special handicap parking space must notify the City of Brunswick of any changes to their handicap permit status.

Date:			
Name:			
Address:			
Phone #:		Email Address:	
Location of Handicap Space:			
Handicap Vehicle Tag #:		Expiration Date:	

*****FOR CITY USE ONLY*****

Police Comments: _____

Public Works Comments: _____

City Administrator Comments: _____ Mayor Comment: _____

If required:
M&C Meeting Date: _____ Approved _____ Denied _____ Resolution Generated _____ # _____

Meeting Notes: _____