



THE CITY OF BRUNSWICK MARYLAND

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

RESOLUTION NO 2025-05

A RESOLUTION TO AMEND HANDICAP PARKING APPLICATION PROCESS FOR THE CITY OF BRUNSWICK, MARYLAND.

WHEREAS, the Mayor and Council deem it necessary from time to time to create and/or update policies and procedures; and

WHEREAS, City of Brunswick Code of Ordinances, Chapter 6, Section 6-1201, “Installation of Signs and Meters”, states the Council “*may* authorize by resolution for the erection of...other traffic control and parking restriction signs designed to control, regulate, warn or guide traffic or limit public parking on public streets...”; and

WHEREAS, Maryland Motor Vehicle Administration (MVA) and Maryland Department of Transportation (MDOT) administer an existing Personal Residential Permit for Reserved Parking process whereby Brunswick residents are eligible to participate; and

WHEREAS, said program vets applicants and communicates eligibility with the City of Brunswick; and

WHEREAS, through the MVA/MDOT process, the City of Brunswick has the ability and may dispute eligibility if necessary; and

WHEREAS, the City of Brunswick will remain responsible for installing signage that is specific to the applicant, rather than any handicapped user;

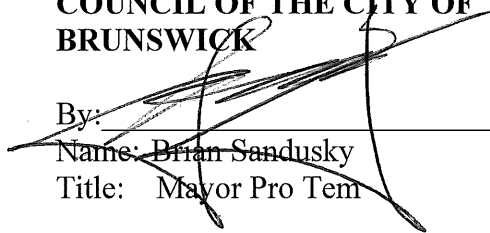
THEREFORE BE IT RESOLVED, the Mayor and Council adopts and approves the MVA and MDOT Personal Residential Permit for Reserved Parking for handicap process only. This resolution supersedes Resolution 2017-08, and any and all City of Brunswick programs related to handicap parking will be ended effective immediately.

INTRODUCED AND PASSED, at a regular meeting of the Mayor and Council of the City of Brunswick this 25th day of February, 2025 by a vote of 6 for; 0 against, 0 abstaining and 0 absent.

ATTEST:

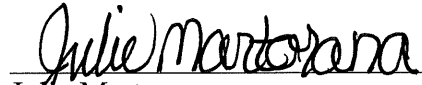

Julie Martorana
City Administrator

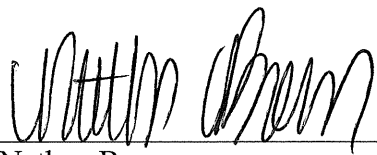
**COUNCIL OF THE CITY OF
BRUNSWICK**


By: _____
Name: Brian Sandusky
Title: Mayor Pro Tem

APPROVED this 25th day of February.

ATTEST:


Julie Martorana
City Administrator


Nathan Brown
Mayor

Application for Personal Residential Permit for Reserved Parking Space

Important - Medical Doctor's Certification will be obtained by the Administration.
This application is being submitted in accordance with Maryland Vehicle Law.

Cell Phone # _____

Email _____

Home Phone Number _____

Applicant's First Name _____

Middle _____

Last _____

Street Address _____

City _____

County _____

State _____

Zip Code _____

Driver's License Number _____

Date of Birth _____

Vehicles permitted to park in reserved space

	Year	Make of Vehicle	Owner	Registration Tag Number
Vehicle 1				
Vehicle 2				

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Does applicant have a handicap placard/plate? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does applicant have a permanent disability? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is applicant a resident of Baltimore City? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is applicant's residence located within a private community which maintains the roadways? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does applicant have off street parking available? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a residential sign now? |

Parking Restrictions: Snow Emergency Route Time Limited Parking - from _____ to _____

I understand that by signing this application, I am authorizing any physician who has treated me, or any hospital where I have received treatment, to give to the Medical Advisory Board of the Motor Vehicle Administration all information pertinent to my mental and physical condition for the duration of my participation in the Reserved Handicapped Parking program.

If no Handicap tag or placard has been previously issued, please fill out the Application for Maryland Parking Placard/License Plates (VR-210) and submit it with this application.

I certify, under penalty of perjury, that the statements made herein are true and correct to the best of my knowledge and belief.

Signature of Applicant* _____

Date _____

*If applicant is a minor, signature of parent or guardian is required.

MVA Use Only		S.H.A/ County Use Only	
Location Inspected by _____	Date _____	Application Received _____	Date _____
Application Approved by _____	Date _____	Sign Erected _____	Date _____
No. of Permits Issued _____	Date _____	Curb Painted _____	Date _____
Application to S.H.A by _____	Date _____	Notice returned to MVA _____	Date _____
Permit Number _____			

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Dear applicant/representative:

Enclosed is the application you requested for a Personal Residential Permit for a reserved parking space. If you reside in Baltimore City, **please do not use this application**, but call **(443) 573-2800**. Residents of all other areas, please continue.

The intent of this program is to provide some assistance to physically disabled individuals who have no other alternative in parking vehicles near their residence; therefore, generally, parking permits are not approved if any of the following circumstances exist:

- A. Disability is not permanent.**
- B. Residence is located in a private community or is located on a private roadway.**
- C. Off street parking is provided by garage, driveway, or parking pad.**
- D. No member of the household, at the residence address of the disabled person, has a currently registered Maryland vehicle.**
- E. The residence is located on a street which prohibits parking.**
- F. The applicant has committed fraud within the application for permit.**

Please provide, as accurately as possible, all the information requested, especially your telephone number. Failure to do so will delay the processing of your application. On the reverse side is the application. Please complete with the information of the person the reserved parking space is intended for.