



CITY CLERK'S OFFICE
60 Pleasant St.
Newburyport, MA 01950
978-465-4407
978-462-7936
clerk@cityofnewburyport.com

RESIDENTIAL HANDICAPPED PARKING APPLICATION

Applicant's Name: CARLOS FAJARDERGAST

Applicant's Street Address: 12 MERRICK ST
Newburyport, MA 01950

Phone Number: _____ Cell Phone: 978 270 4687

Email: CLIPPERCITYK9@GMAIL.COM

Vehicle Registration Number: 38744

Disabled Parking Placard Number: PL 5900382

You must provide a written statement from the owner of your home that you have either no off-street parking where you live, or why the available off-street parking is inadequate or unavailable. (Both are subject to verification.)

Off street parking is too far from the door

(Use the back if you need more space.)

I have read the City of Newburyport's policy for establishing handicapped parking spaces on public streets in residential areas, and I understand the conditions required for this handicapped parking space. I also understand that if I fail to meet the eligibility requirements, I will have the opportunity to appeal for a waiver.

I certify that the information provided is correct. I also give permission for the Newburyport City Clerk to obtain all information necessary to verify my need for this parking space.

[Signature]
Signature

May 1 2023
Date



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Applicant's Name: CARLOS FRENDERGAST

Applicant's Street Address: 12 MERRILL ST
Newburyport, MA 01950

TO BE COMPLETED BY ATTENDING PHYSICIAN or OTHER HEALTHCARE PROFESSIONAL

To Physician: Approval for a Residential Handicapped Parking Space is based in part on information provided by you. If this applicant (your patient) has a "hidden" disability (i.e.: one that is not visibly obvious), it will be incumbent on you to specify the extent to which the disability limits the person's mobility in order for our Review Committee to make a fair evaluation of this application. Residential Handicapped Parking Spaces are available only to those with substantial functional limitations that affect mobility for more than **six months**.

Please answer the following:

Does the applicant have mobility impairment? No Yes

Note which, if any, of the following impairments is attributable to the applicant and explain:

- Loss of use of one or more limbs FEET
- Vision impairment _____
- Knee, ankle, hip dysfunction _____
- Respiratory, heart or circulatory disorder _____

Are mobility aids prescribed? No Yes; please specify:

- cane crutches walker wheelchair

Ambulatory range of the applicant: Without rest distance in feet 20
 With intermittent rest distance in feet 40+

Describe any other functional limitations that make having a Residential Handicap Parking Space desirable:

Physician's name (please print): JON MADRICH, DO

Phone: 877-379-5522

Medical specialty: Family Medicine Registration # 76720

Address: 414 Liverhill St. Rowley MA 01969

I hereby certify that the above information is correct.

Physician's signature: [Signature] Date 4/27/25

PLEASE MAIL TO: City of Newburyport, City Clerk's Office
 60 Pleasant St., Newburyport, MA 01950
 ATTN: Richard Jones