

BOROUGH OF MORRISVILLE

ORDINANCE NO. 1047

**AN ORDINANCE OF MORRISVILLE BOROUGH, COUNTY OF BUCKS,
COMMONWEALTH OF PENNSYLVANIA, AMENDING CHAPTER 435-
VEHICLES TO INCLUDE SPECIAL PARKING ZONES FOR PEOPLE WITH
PHYSICAL DISABILITIES**

WHEREAS, Morrisville Borough is a municipality located in the County of Bucks, Commonwealth of Pennsylvania, organized and existing pursuant to the Borough Code; and

WHEREAS, the Morrisville Borough Council is the governing body of the Borough of Morrisville and is authorized enact Ordinances pursuant to § 3301.1 of the Borough Code, 8 Pa.C.S.A. § 101-3501; and

WHEREAS, the Morrisville Borough Council enacted legislation governing the establishment of stop intersections at certain intersections and in certain directions of travel, with official stop signs to be erected or ratified, which is codified in § 435-11 of the Morrisville Borough Code, amended periodically by Ordinance Nos. 895, 916 and 972; and

WHEREAS, there are currently stop signs controlling traffic eastbound and westbound on Green Street at its intersection with Washington Street; and

WHEREAS, the Borough Engineer, Gilmore & Associates, Inc. performed a Traffic Analysis, dated February 28, 2018, of the intersection of Green Street and Washington Street within the Borough, attached hereto as Exhibit "A"; and

WHEREAS, the Traffic Analysis concluded that the aforementioned intersection met the requirements found in the *Manual of Uniform Traffic Control Devices, 2009, Chapter 2B*, for an all-way stop control; and

WHEREAS, is the intention of the Morrisville Borough Council to follow the recommendations from Gilmore & Associates, Inc. for the aforementioned intersection and install all-way stop signs for the safety and benefit of the residents of the Borough; and

NOW, THEREFORE, the Morrisville Borough Council, County of Bucks, Commonwealth of Pennsylvania, does hereby **ORDAIN** and **ENACT** the following:

SECTION 1. New Section 435-27.1 is added to Chapter 435 as follows:

435-27.1 ADA Special Purpose Parking Zones Established

A. Permits for limited parking areas for physically handicapped individuals shall be issued by the Police Chief upon Application by the individual requesting the limited parking area. The following information and documents shall be included with the Application.

(1) The applicant must have a physical impairment which substantially limits one or more major life activity.

(2) The applicant shall have and submit a record or documentation supporting the existence of such physical impairment.

(3) The applicant's physical handicap must be of such a nature so as to require a parking area in close proximity to the individual's residence.

(4) The parking spaces near the applicant's home shall be necessary to afford the applicant an equal opportunity to use and enjoy the home.

(5) The parking space near the applicant's home does not cause undue hardship to other residents of the neighborhood.

(6) The parking space afforded to applicant does not pose a demonstrable threat of harm to the health and safety to others.

(7) The applicant must own and operate a motor vehicle licensed by the Commonwealth of Pennsylvania or be an owner and operator and a parent or person in loco parentis to the handicapped or disabled person who resides in the applicant's residence.

(8) The applicant must own the residence at which conditional parking is sought or must have the owner of the property join in the application.

(9) The applicant or owner must have made all necessary and reasonable alterations to the property such as ramps, curb cuts, or improved access for handicapped persons before filing their application for handicapped parking privileges.

(10) In the case of an applicant who applied as a parent or a person in loco parentis to the handicapped or disabled person, the handicap or disability must be of such a nature

as to render the handicapped person non-ambulatory and require such person to be transported by wheelchair or equivalent equipment.

(11) Applicant or owners shall execute an agreement to restore curb cut or other alteration to public property to its original condition should handicapped parking privileges no longer be necessary.

(12) The applicant shall upon written request by the Borough supply current verification of the handicap condition or current verification of applicant's vehicle ownership and driver's license in order to continue to retain the handicapped parking space.

(13) The applicant shall pay an application fee, which shall be an amount equal to the cost of purchase and installation of any required signage.

B. The Application shall be submitted to the Chief of Police. The Chief of Police, or designee, shall review the application with the Public Works Director for completeness and conformance with this Section.

C. The following are established as special purpose parking zones, and it shall be unlawful for any person to park a vehicle or to allow it to remain parked, in any such zone, except as specifically provided for that zone:

STREET	SIDE	PURPOSE
List of Possible Streets?		

SECTION 2. Whenever the requirements of this Ordinance are in conflict with other requirements of the Ordinances of Morrisville Borough, the most restrictive, or those imposing the higher standards, shall govern.

SECTION 3. The provisions of this Ordinance are severable. If any section, clause, sentence, part or provision hereof shall be held illegal, invalid or unconstitutional by any court of competent jurisdiction, such decision of the court shall not affect or impair any of the remaining sections, clauses, sentences, parts or provisions of this Ordinance. It is hereby declared to be the intent of the Morrisville Borough Council that this Ordinance would have been adopted if such illegal, invalid


or unconstitutional section, clause, sentence, part or provision had not been included herein.

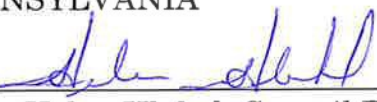
SECTION 4. This Ordinance shall become effective pursuant to § 3301.3(b) of the Borough Code.

ORDAINED AND ENACTED this 18th day of June, 2024.

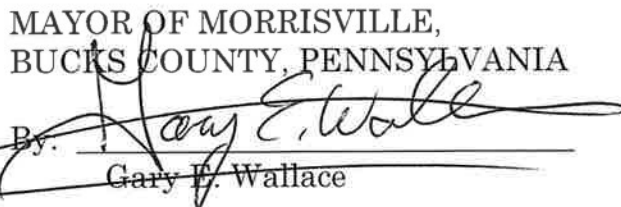
Attest:

COUNCIL OF THE BOROUGH OF
MORRISVILLE, BUCKS COUNTY,
PENNSYLVANIA


Judith A. Danko, Borough Secretary

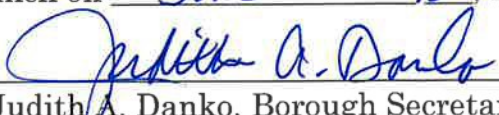
By: 
Helen Hlahol, Council President

MAYOR OF MORRISVILLE,
BUCKS COUNTY, PENNSYLVANIA

By: 
Gary E. Wallace

CERTIFICATION

I hereby certify that the foregoing is a true and correct copy of the Resolution adopted by the Morrisville Borough Council on June 18th, 2024.


Judith A. Danko, Borough Secretary



MORRISVILLE BOROUGH
MUNICIPAL BUILDING
35 UNION STREET
MORRISVILLE, PA 19067

PERSON WITH DISABILITY

PARKING APPLICATION

APPLICANT INFORMATION (list name and address of person with disability):

Last Name: _____ First Name: _____

Address: _____ Telephone #: _____

Email: _____

PA Driver's License #: _____ Date of Birth: _____

ATTACH A COPY OF YOUR CURRENT DRIVER'S LICENSE WITH THIS APPLICATION

Are you the Owner of the Property? ___ (If not, submit a letter from owner granting permission for this request)

Do you have a driveway at your property? _____

AUTOMOBILE INFORMATION:

Make of Vehicle: _____ Model of Vehicle: _____

Vehicle License Plate #: _____ Are you the owner of the vehicle? _____

Do you have a: Handicapped License Plate? _____ Permanent Disability Placard: _____ OR

Temporary Disability Placard? _____ If Temporary – Date Temporary Placard Expires: _____

ATTACH A COPY OF YOUR PERMANENT/TEMPORARY PLACARD OF PHONE OF HANDICAPPED LICENSE PLATE

CERTIFICATION FROM A HEALTH CARE PROVIDER: HEALTH CARE PROVIDERS MAY ONLY CERTIFY DISABILITIES WITHIN THEIR SCOPE OF PRACTICE. **WARNING:** Altering or forging a document issued by the PA Department of Transportation, such as a disabled person parking placard or possessing, using, or displaying such a document knowing it to have been altered, forged, or counterfeited, is a misdemeanor of the first degree pursuant to the Vehicle Code, 75Pa.C.S. Section 7122, punishable by a fine of not more than \$10,000 or imprisonment of not more than five years, or both.

Physician's Name: _____ Contact Number: _____

Physician's Fax Number: _____ Email: _____

Address: _____

Is your Disability Permanent or Temporary? _____

ATTACH A COPY OF HEALTH CARE PROVIDER'S CERTIFICATION OF DISABILITY

NOTARIZATION	SIGNATURE(S)
COMMONWEALTH OF PENNSYLVANIA COUNTY OF BUCKS	I state that I have read and signed this application after its completion. I affirm the statements made herein are Correct.
SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY OF ____ 20__.	Applicant's Signature: _____ Date: _____
_____ NOTARY PUBLIC	I affirm I am the owner of the above mentioned property. Owner's Signature: _____ Date: _____

Chief of Police Date

Superintendent of Public Works Date