

BILL NO.: 4954

ORDINANCE NO.: \_\_\_\_\_

Introduced by: City Manager Nathan Mai-Lombardo

**AN ORDINANCE OF THE CITY OF BERKELEY AMENDING TABLE XVII-A:  
HANDICAPPED PARKING WHICH IS IN ACCORDANCE TO SECTION  
355.100**

**NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF BERKELEY,  
MISSOURI, AS FOLLOWS:**

**Section 1.** Location: 9100 Stansberry Ave.

**Section 2.** Restriction: "Reserved Handicap Parking" sign shall be installed in front of the residence.

**Section 3.** The Public Works Director or designee shall install and maintain the sign until such time the sign is no longer needed.

**Section 4.** Codification: This Ordinance shall be codified and made part of the City of Berkeley Code of Ordinances.

**Section 5.** Effective Date: This Ordinance shall be in full force and effect from and after its date of passage.

1st Reading this \_\_\_\_\_ day of \_\_\_\_\_ 2023

2nd Reading this \_\_\_\_\_ day of \_\_\_\_\_ 2023

3rd Reading, FAILED, this day of 2023

\_\_\_\_\_  
Babatunde Deinbo, Mayor

ATTEST:

\_\_\_\_\_  
Deanna L. Jones, City Clerk

\_\_\_\_\_  
Approved as to Form:  
Donnell Smith, City Attorney

Final Roll Call:

Councilwoman Verges	Aye ___	Nay ___	Absent ___	Abstain ___
Councilwoman Williams	Aye ___	Nay ___	Absent ___	Abstain ___
Councilman Hoskins	Aye ___	Nay ___	Absent ___	Abstain ___
Councilwoman Anthony	Aye ___	Nay ___	Absent ___	Abstain ___
Councilman Hindeleh	Aye ___	Nay ___	Absent ___	Abstain ___
Councilwoman-at-Large Crawford-Graham	Aye ___	Nay ___	Absent ___	Abstain ___
Mayor Deinbo	Aye ___	Nay ___	Absent ___	Abstain ___

## Residential Disabled Parking Space Application City of Berkeley

**Certification of Disability: To be Completed by Primary Health Care Provider or Other Physician.**

**To the Health Care Provider:** please check any/and all disabilities that apply to the applicant.  
*Only the permanent disabilities listed are eligible. Only one applicant per household is permitted.*

Patient's Name: Michael B Young

Patient's Address: 9100 Stansberry Ave Ward \_\_\_\_\_

### CHECK ALL THAT APPLY:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Uses Wheelchair<br><input type="checkbox"/> Has Muscular Dystrophy<br><input type="checkbox"/> Uses Leg Brade(s)<br><input type="checkbox"/> Has Multiple Sclerosis<br><input type="checkbox"/> Uses Cane(s)<br><input type="checkbox"/> Has Rheumatoid Arthritis<br><input type="checkbox"/> Uses Walker<br><input type="checkbox"/> Has Degenerative Arthritis<br><input type="checkbox"/> Uses Crutch(es)<br><input type="checkbox"/> Has Osteoarthritis | <input type="checkbox"/> Has Cerebral Palsy<br><input checked="" type="checkbox"/> 1/Both Legs Amputated<br><input type="checkbox"/> Cardiac Impairment<br><input type="checkbox"/> Pulmonary Impairment (Class 3 or Greater)<br><input type="checkbox"/> Alzheimer's Disease (Class 3 or Greater)<br><input type="checkbox"/> Has Spinal Bifida<br><input type="checkbox"/> Stroke<br><input type="checkbox"/> Amyotrophic Lateral Sclerosis<br><input type="checkbox"/> Blindness |
|---|---|

Otherwise has a physical disability (other than hearing impairment) within the meaning of the Americans with Disabilities Act (ADA) and having the following characteristics:

Amy McClinock

Primary Health Care Provider or Physician's Name (PLEASE TYPE OR PRINT)

<u>Young</u>	<u>Michael</u>	<u>B</u>
Last Name	First Name	Middle Initial

<u>9100 Stansberry Ave</u>	<u>St. Louis, MO</u>	<u>63134</u>
Address	City State	Zip Code

Missouri License Type	License Plate Number	Date Issued
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**I hereby certify that the above applicant is permanently disabled, and that I am legally licensed to practice medicine in the State of Missouri.**

<u>[Signature]</u>	<u>5/16/2022</u>
Signature of Health Care Provider or Other Physician	Date

### OFFICE USE ONLY

Received by Director of Public Works (date): <u>5/16/23</u>	Employee Signature: <u>Jac PW Secretary</u>
Street Superintendent Site Inspection (date): _____	(Attach photos)
City Council Review Date: _____	Ordinance No: _____
Date Sign Install _____ (Superintendent)	Review date (every three years): _____