

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 17th day of July 2023


2nd Reading this 17th day of July 2023

3rd Reading, FAILED, this 21st day of August 2023


Babatunde Deinbo, Mayor

ATTEST:


Deanna L. Jones, City Clerk


Approved as to Form:
Donnell Smith, City Attorney

Final Roll Call:

Councilwoman Verges	Aye <u>X</u>	Nay ___	Absent ___	Abstain ___
Councilwoman Williams	Aye <u>X</u>	Nay ___	Absent ___	Abstain ___
Councilman Hoskins	Aye <u>X</u>	Nay ___	Absent ___	Abstain ___
Councilwoman Anthony	Aye <u>X</u>	Nay ___	Absent ___	Abstain ___
Councilman Hindeleh	Aye <u>X</u>	Nay ___	Absent ___	Abstain ___
Councilwoman-at-Large Crawford-Graham	Aye <u>X</u>	Nay ___	Absent ___	Abstain ___
Mayor Deinbo	Aye <u>X</u>	Nay ___	Absent ___	Abstain ___

- Michael B Young DOB: 2/27/1947
- handicap parking spot Perm

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

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 McClintock

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

Young Michael B
Last Name First Name Middle Initial

9100 Stansberry Ave St. Louis, MO 63134
Address City State Zip Code

Missouri License Type License Plate Number Date Issued

I hereby certify that the above applicant is permanently disabled, and that I am legally licensed to practice medicine in the State of Missouri.

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

OFFICE USE ONLY

Received by Director of Public Works (date): 5/16/23 Employee Signature: JVC-PW Secretary
Street Superintendent Site Inspection (date): _____ (Attach photos)
City Council Review Date: 8-21-2023 Ordinance No: 4788
Date Sign Install _____ (Superintendent) Review date (every three years): _____