

ARLINGTON POLICE DEPARTMENT

CHIEF OF POLICE

Frederick Ryan



Town of Arlington
MASSACHUSETTS 02474

POLICE HEADQUARTERS

112 Mystic Street
Telephone 781-316-3900
Facsimile 781-316-3919

MEMORANDUM

TO: Marie Krepelka
Board Administrator

FROM: Officer Corey P. Rateau
Traffic and Parking Unit

DATE: October 4, 2015

RE: Handicap Parking Request @ 12 Lockeland Avenue

Per your request, I looked into the petition by Ms. Linda Papazian to have a handicap parking space designated at 12 Lockeland Avenue. After reviewing the request, the Traffic and Parking Unit has reservation about whether it is necessary to designate such a space.

Previously, there had been a HP space in place for many years issued to her mother, Rebecca Papazian. However, after receiving complaints of a seldom-used HP space being reserved in an area with limited parking, an investigation showed that Ms. Rebecca Papazian had passed away eight years earlier and the Town was never notified to remove the sign. DPW was then notified by the Selectmen's Office to remove the sign on or around 09/08/2015 and removed it that week. On 10/21/2015, Ms. Linda Papazian came to the station to report that someone had ripped her handicap parking sign off of the pole at some point within the past two days; she did notice that the sign had been gone for over a month.

The fact that Ms. Papazian did not know that the designation had been removed several weeks prior adds credence to the complaints that the space was seldom used. Combine this with the fact that the property has off-street parking (with what appears to be accommodations for at least 10 vehicles) that is a short walk to a rear entrance of the residence and we do not believe that designating such a space is necessary at this time.

Cc: Frederick Ryan, Police Chief
Capt. Julie Flaherty, Support Services Commander
Deputy Chief John Kelly, AFD Operations
Adam Chapdelaine, Town Manager

"Proactive and Proud"

RECEIVED
TOWN OF ARLINGTON
OCT 25 11 39 AM '15

TOWN OF ARLINGTON
Residential Handicap Parking Sign Application

Name: Linda Pozazian

Address: 12 Lockland Ave
Arlington, MA 02476

Telephone: Home: 781-648-1275 Work: N/A

Date: 10/25/2015

Please read the Board of Selectmen Residential Handicap Parking Sign Policy prior to completing this application. If you have any questions regarding the application process, please contact the Office of the Board of Selectmen.

1. Please attach a photocopy of your handicap placard, or documentation that you have a handicap plate. It is not necessary to attach any additional documentation.
2. Are you the owner of your residence? yes
3. Do you have off-street parking? yes - A space is already available for handicap parking
4. If yes, how many off-street spaces? ~~1~~ Two was my mother's space.

On the reverse side of this page, please provide the general reasons why the granting of such a space will increase your ability to access/egress your home. When providing your reasoning, you should address those questions listed in the Off-Street Parking section of the Board's policy, found on page two, that are relevant to your application.

When you have completed this application, and attached a photocopy of your placard, or documentation of your plate, please forward your application to the Office of the Board of Selectmen. Within two weeks you will be contacted regarding your application.

Having a handicap space (my mother's) was a life saver for me. I have trouble walking due to Arthritis. It makes it easier for me to get out of the car and get to my house. I need knee replacements.

I also enclosed a copy of my Doctors letter to receive a handicap placard.

We have off-street parking (2) one was already for handicap. (mother's)

Thank you !!

F. TO BE COMPLETED BY HEALTH CARE PROVIDER

CLINICAL
DIAGNOSIS:

Arthritis Lumbar Spine + Knee (Required)

DURATION (circle one): Temporary

Permanent

If temporary, please estimate number of months of disability _____

PLEASE CHECK ALL THAT APPLY:

☒ Unable to walk 200 feet without assistance. List necessary ambulatory aids: Cane

____ Legally Blind* (Cert. Of Blindness may substitute for professional certification) (*automatic loss of license)

____ Chronic Lung Disease (check at least one of the following criteria):

FEV1 test results _____ O² saturation with minimal exertion _____ (*automatic loss of license if O² saturation ≤ 88%)

Use of Portable Oxygen? Yes _____ No _____

Note: Asthma is not in and of itself a qualifying condition. Please describe degree and frequency of impairment (pulmonary test results required.)

____ Cardiovascular Disease

AHA Functional Classification (circle one): I II III IV* (*automatic loss of license)

☒ Arthritis (please state type, severity, and location) 3A Spine + Knee

____ Loss of limb or permanent loss of use of a limb

HEALTHCARE PROVIDER **MUST** CHECK ONE:

In my professional opinion and to a reasonable degree of medical certainty:

☒ The above condition, or any other medical condition of which I am aware, **WILL NOT IMPAIR** the safe operation of a motor vehicle.

☐ The person applying for this permit is **NOT** medically qualified to operate a motor vehicle safely.

☐ The medical condition as stated above is of such severity as to require a **COMPETENCY ROAD TEST**.

G. Doctor's Signature and Certification

Gess Lawrence Francis 1617, 964-0024
Medical Professional's Last Name First Name Middle Name Medical Professional's daytime phone number

2000 Washington St. Suite 341 Newton, MA
Medical Professional's Address City State Zip 02462

I certify that I am a ☒ Medical Professional ☐ Chiropractor ☐ Registered Nurse ☐ Physician's Assistant
☐ Optometrist (legal blindness only) ☐ Podiatrist and certify under the pains and penalty of perjury that the information I have provided is true and correct.

[Signature]
Medical Professional's Signature (REQUIRED)

7/31/12
Date

35337
Professional's Medical License Number (REQUIRED)

P07807841

Expires:

08-16-17

**Disabled Persons
Parking Identification Placard**



PAPAZIAN

LINDA

J

**Commonwealth of
Massachusetts**



OFFICE OF THE BOARD OF SELECTMEN

KEVIN F. GREELEY, CHAIR
DIANE M. MAHON, VICE CHAIR
DANIEL J. DUNN
STEVEN M. BYRNE
JOSEPH A. CURRO, JR.



730 MASSACHUSETTS AVENUE
TELEPHONE
781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

October 28, 2015

Linda Papazian
12 Lockeland Avenue
Arlington, MA 02476

Dear Ms. Papazian:

The Board of Selectmen will be discussing your request for a residential handicap parking space at their meeting on Monday, November 9th in the Selectmen's Chambers, Town Hall, 2nd Floor. The meeting begins at 7:15 p.m. You or your representative is invited to be in attendance at this meeting.

Kindly call the office of the Board of Selectmen to confirm the date and time with either Mary Ann or Fran.

Thank you.

Very truly yours,
BOARD OF SELECTMEN

Marie A. Krepelka
Marie A. Krepelka
Board Administrator

MAK:fr

OFFICE OF THE BOARD OF SELECTMEN

KEVIN F. GREELEY, CHAIR
DIANE M. MAHON, VICE CHAIR
DANIEL J. DUNN
STEVEN M. BYRNE
JOSEPH A. CURRO, JR.



730 MASSACHUSETTS AVENUE
TELEPHONE
781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

November 10, 2015

Linda Papazian
12 Lockeland Avenue
Arlington, MA 02476

Dear Ms. Papazian:

The Board of Selectmen will be discussing your request for a residential handicap parking space at their meeting on Monday, November 23rd in the Selectmen's Chambers, Town Hall, 2nd Floor. The meeting begins at 7:15 p.m. You or your representative is invited to be in attendance at this meeting.

Kindly call the office of the Board of Selectmen to confirm the date and time with either Mary Ann or Fran.

Thank you.

Very truly yours,
BOARD OF SELECTMEN

Marie A. Krepelka

Marie A. Krepelka
Board Administrator

MAK:fr