

RUSH TOWNSHIP, SCHUYLKILL COUNTY
COMMONWEALTH OF PENNSYLVANIA

ORDINANCE NO. 200

AN ORDINANCE OF RUSH TOWNSHIP, SCHUYLKILL COUNTY, COMMONWEALTH OF PENNSYLVANIA, AUTHORIZING THE PLACEMENT OF A STREET SIGN ON A STREET WARNING DRIVERS OF THE POSSIBLE PRESENCE OF A HEARING OR VISUAL IMPAIRED INDIVIDUAL RESIDING IN THE VICINITY; ESTABLISHING ELIGIBILITY REQUIREMENTS; ESTABLISHING AN APPLICATION FORM AND FEE; AND ESTABLISHING PLACEMENT GUIDELINES.

WHEREAS, Section 1527 of the Second Class Township Code, 53 P.S. §66527, authorizes a board of supervisors to adopt an ordinance to secure the safety of persons; and

WHEREAS, the Rush Township Board of Supervisors wish to exercise the power conferred on it by Section 1527 of the Second Class Township Code, for the safety of certain hearing or visual impaired individuals, to allow for the placement of a street sign on a street in the vicinity of the individual's residence, warning drivers of the possible presence of a hearing or visual impaired individual;

NOW, THEREFORE, be it ORDAINED as follows:

1. A parent or legal guardian of a child 16 years old or less with a medically documented visual or hearing impairment, or the legal guardian or caretaker of a mentally challenged adult with a medically documented mental impairment and visual or hearing impairment, may apply to Rush Township for the placement of a street sign on a street in the vicinity of the child's or person's residence warning drivers of the possible presence of a visual or hearing impaired child or person.
2. An application under this Ordinance shall be made annually to Rush Township on a form prescribed by Rush Township. The required form is attached to this Ordinance as Exhibit A, but may be amended from time to time by Resolution.
3. Applicants shall pay to Rush Township a fee of \$100.00 to reimburse Rush Township for the costs associated with processing the application and installation of the sign for the initial application, and a fee of \$25.00 to reimburse Rush Township for costs associated with processing the application for each annual renewal. These costs are amendable from time to time by Resolution.
4. On the application, the applicant shall provide contact information, state the child's or person's residence address and date of birth, describe the nature of the child's or person's impairment(s), provide medical documentation of the child's or person's impairment(s), and state under penalty of perjury that the impairment is then-existing and the expected duration thereof.

5. If the child or person has the required impairment(s) and otherwise meets the qualifications of this Ordinance, the applicant pays the required fee, and Rush Township has control over the placement of signs on the relevant street, Rush Township shall approve the application and place the sign.

6. In urban districts the sign shall be placed at the beginning of the applicable block and not more than 300 feet in advance of the child's or person's residence. In rural districts the sign shall be placed not more than 750 feet in advance of the child's or person's residence.

7. This Ordinance shall repeal all prior Ordinances in whole or in part to the extent necessary to give effect to the provisions of this Ordinance.

8. This Ordinance shall be effective on the date of its enactment or on the first day allowed by law thereafter.

ORDAINED and ENACTED this _____ day of _____, 2019.

ATTEST:

RUSH TOWNSHIP
BOARD OF SUPERVISORS

Secretary

RUSH TOWNSHIP
ORDINANCE NO. _____
EXHIBIT “A”

Application for Visual or Hearing Impaired Child or Person Street Sign Pursuant to Rush
Township Ordinance No. _____

Name of person completing this application: _____

Address of person completing this application: _____

Contact number of person completing this application: _____

Relationship to child or person for whom sign is requested: _____

Name of child or person for whom sign is requested: _____

Residence address of child or person: _____

Date of birth of child or person: _____

Nature of child's or person's impairment(s): _____

Expected duration of impairment(s): _____

Is this application (check one): _____ initial _____ renewal

Date of application: _____

Attach medical documentation documenting impairment(s).

I, Applicant named above, affirm that statements made in this application are true and correct and that these statements are made under penalty of perjury punishable pursuant to 18 Pa.C.S.A. §4904.

Signature of Applicant

*****FOR TOWNSHIP USE ONLY*****

Has the Application Fee been paid? YES _____ NO _____

The Application is APPROVED _____ DENIED _____

RUSH TOWNSHIP

DATE