

City of Florence

Disability Signage Program

In order to establish a policy and procedure for the application, review, and installation of “**Person with Disability Area**” signs in residential areas, the City has created this Disability Signage Program (“Program”). This Program is designed to provide for and promote the safety of individuals with disabilities by alerting motorists of their presence in the immediate area; insuring compliance with the Americans with Disabilities Act (“ADA”) and fostering an inclusive community. This Program outlines the criteria and procedures for requesting and installing “Person with Disability Area” signs.

1. **Eligibility Criteria:** Any person with a disability residing in a residential area may apply (individually or through their respective parent or guardian) for a “Person with Disability Area” sign. The individual filing an Application must have a confirmed diagnosis of a disability documented by a licensed healthcare professional. For purposes of this Program, “disability” shall be that as defined in the Americans with Disabilities Act as Amended.
2. **Application Process:**
 - a. **Submission.** A parent, legal guardian, or individual with a confirmed disability must complete the attached Application, available online at www.florence-ky.gov or at the City of Florence Administration Office, 8100 Ewing Blvd, Florence, KY 41042. The Application must include at a minimum, proof of residency, and confirmation of the individual’s disability from a licensed healthcare professional. Proof of residency may be established by a utility bill, tax bill, lease agreement, and the like.
 - b. **Review.** The City staff will review the submitted Application within ten (10) days from receipt of that Application. Upon confirmation of all information contained in the Application, City staff will issue a written decision either granting or denying the Application within ten (10) business days from the date that all information in the Application is verified. If the Application is approved, the Human Services Administrator, in cooperation with the Public Services Department, will verify and assess whether or not a “Person with Disability Area” sign may be placed considering public safety and visibility.
 - c. **Approval.** Upon approval of the Application, the Applicant will be notified by the Human Services Administrator. The Public Services Department will be directed to order the sign and complete sign installation within 30 days from approval.
 - d. **Denial.** If the Application is denied, the City staff will notify the Applicant in writing with an explanation of the denial. Applicants may appeal the decision to the Florence Code Enforcement Board as provided below.

3. **Installation Procedure:**

- a. **Location.** Signs may only be installed on public property (e.g. street or sidewalk easement) at or near the residence of the disabled individual. Placement will be determined to ensure maximum safety and visibility to motorists. If placement of a sign interferes with public safety, the Application may be denied. Signs will be located with public safety being a top priority.
- b. **Signage Specifications.** Florence shall from time to time, as amended, establish standards for all “Person with Disability Area” signs as to size, color, and reflectivity to ensure public safety.
- c. **Maintenance.** Florence will be responsible for the maintenance of all “Person with Disability Area” signs. Any damaged or missing signage shall be reported to the Human Services Administrator as soon as possible.

4. **Duration and Renewal:**

- a. **Duration.** The “Person with Disability Area” sign may remain in place until such time as the disabled person moves or requests removal of the sign. A disabled person or their parent/guardian shall notify the Human Services Administrator of any change in address or if the individual’s disability is removed. Florence reserves the right to remove any “Person with Disability Area” sign in the event such signage should present a risk to public safety.

5. **Appeal:** If an Applicant is denied a “Person with Disability Area” sign, the Applicant may appeal the decision by submitting a Notice of Appeal to the City of Florence Administration Department. The Appeal must be in writing and received by the Administration Department within fifteen (15) days of the Applicant’s receipt of the denial notice. The Appeal must clearly explain the reason for the Appeal. “Receipt” of the denial notice shall be deemed to have been effective upon Florence placing the denial notice in the United States Mail postage pre-paid and addressed to the Applicant at the address provided in the initial Application. The Appeal will be heard by the Florence Code Enforcement Board within thirty (30) days of receipt of the Notice of Appeal.

APPLICATION FOR PERSON WITH DISABILITY AREA SIGN

Date: _____

Name of Applicant: _____

Relation to Disabled Individual: ☐Parent ☐Guardian ☐Individual

Applicant Address: _____

Applicant Phone Number: _____ Applicant Email: _____

Address Where Disabled Individual Resides: _____

Disabled Individual's Name: _____

Disabled Individual's Address: _____

Disabled Individual's Phone Number: _____ Disabled Individual's Email: _____

Requested Signage Location: _____

Reason for Signage: _____

Nature of Disability: _____

(Applicant must include certification from a licensed healthcare professional confirming the disabled person's disability and the reason for the requested signage. For purposes of this Application, "disability" shall be defined as that in the Americans with Disabilities Act as Amended.)

Signage to be installed:



Applicant agrees to comply with all provisions of Florence's policies and procedures relating to the request for a "Person with Disability Area" sign as set forth in Ordinance O-18-2025.

Signature: _____

Applicant

Date: _____