

STANDARD OPERATING PROCEDURES “SENSORY IMPAIRED CHILD AREA” SIGN POLICY

PURPOSE

To provide a City-wide policy governing the installation and removal of “Sensory Impaired Child Area” signs.

1.0 Criteria

- 1.1 A child must be certified as sensory impaired. The certification must be by a qualified medical physician.
- 1.2 A child must be between the ages of two (2) and eighteen (18) years of age at the time of the sign request.

2.0 Installation Limits

- 2.1 The sign(s) will be installed only on a City-owned street having a posted speed of 35MPH or less.
- 2.2 The sign(s) will also be installed on the right-of-way along your property, or where necessary such as at curves with a short sight distance, approximately 100 feet away from the property of the parent or guardian who is responsible for the sensory impaired child. If the 100 foot distance places the sign within the adjacent property owner’s frontage it will be placed at the property line. The placement and number of the “Sensory impaired Child Area” signs installed will be reviewed and approved on a case by case basis.

3.0 Proof of Residency

- 3.1 Proof of residency (a copy of the property tax notice or utility billing) must be provided to the City at the time the sign request is made and **on a yearly basis thereafter.**
- 3.2 If verification is not received a personal contact will be made. If contact cannot be made the sign will be removed.
- 3.3 The signs will be removed when the child reaches 18 years of age.

If you feel you meet all required qualifications please complete the following:



City Engineer
Phone 636.978.6008
Fax 636.898.0923
Engineer @DardennePrairie.org

City Hall
2032 Hanley Road
Dardenne Prairie, MO 63368
Phone 636.561.1718
Fax 636.625.0077

SENSORY IMPAIRED CHILD SIGN REQUEST

This form must be submitted with proof of residency to:

Attn: City Engineer
City of Dardenne Prairie
2032 Hanley Road
Dardenne Prairie, Missouri 63368

DATE: _____

PARENT'S NAME: _____

CHILD'S NAME: _____ D.O.B. _____ AGE: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

MOBILE PHONE: _____

EMAIL ADDRESS: _____

IS THERE A SPEED LIMIT SIGN POSTED ON YOUR STREET? YES _____ NO _____

POSTED SPEED LIMIT ON YOUR STREET? _____

IS THE CHILD LEGALLY SENSORY IMPAIRED? YES _____ NO _____

DOCTOR'S NAME: _____

(Please print and submit an examination record)

EXAMINATION RECORD ATTACHED? YES _____ NO _____

PROOF OF RESIDENCY ATTACHED? YES _____ NO _____