

Municipality of West Elgin

Schedule “A” to By-Law #2021-XX

Policy RD 1.3 Persons With Disability Warning Sign Policy

Effective Date: _____

Review Date: _____

Policy Statement

Public safety is of the utmost importance to the Council of the Municipality of West Elgin. For various reasons, it may be necessary to install signage to advise of persons with disabilities using existing pedestrian facilities within the community.

Policy

Definitions

“Council” – means the Council of the Municipality of West Elgin.

“Persons with Disability” – means a person diagnosed with a hearing impairment, vision impairment or autism by a medical professional recognized by the College of Physicians and Surgeons of Ontario.

“Manager of Operations & Community Services” – means the Manager of Operations & Community Services for the Municipality of West Elgin or his/her designate.

“Municipality” – means The Municipality of West Elgin.

Purpose

The purpose of this policy is to establish a protocol for the installation of Persons with Disability Warning Signs within a Municipality of West Elgin Road allowance.

Procedures for installation of Persons with Disability Warning Signs

1. A request for a Persons with Disability Warning Sign must be made in writing to the Manager of Operations & Community Services. A copy of the Persons with Disability Sign Application form (see appendix ‘A’) must be completed in its entirety and accompany the written request.
2. Signs will be limited to Municipality of West Elgin road allowances only.

3. The placement of the sign will adhere to the guidelines outlined in the Ontario Traffic Manuals (OTM) for pedestrian warning signs.
4. The applicant, Parent(s) or legal guardian shall agree to notify the Municipality of West Elgin if the sign is no longer required (i.e. family moves). Municipal staff will proactively send a letter to each participating family annually, requesting confirmation on their continued participation in the program.

The sign(s) will be removed if an acknowledgment is not received within 30 days of the date of the letter.
5. Specific placement of Persons with Disability Warning Signs shall be determined by staff taking into consideration exposure, visibility and the proximity and impact on other regulatory, warning and guide signs.
6. Where it is determined that a sign is not effective or it interferes with existing signage, alternatives, including non-placement will be considered.

Authority

The authority for the Persons with Disability Warning Sign Policy shall be by the approval of the Council for the Municipality of West Elgin.

The approval and monitoring of Persons with Disability Warning Signs shall be at the discretion of the Manager of Operations & Community Services or his/her designate.

This Policy shall be administered by the Public Works Department.

This Policy shall be reviewed as required.

Appendix A – Persons With Disability Warning Sign Application Form

Persons with Disability Warning Sign Application

Persons with disability Warning Signs are intended to notify drivers that they are approaching a private residence where a person(s) with a permanent disability resides.

Notice of Collection of Personal Information

Personal information on this form is collected under the legal authority of the *Municipal Act*, as amended. This information is collected and maintained for the purpose of requesting a Persons with Disability Warning Sign with the Municipality of West Elgin. Questions about this collection should be directed to the Clerk, at 22413 Hoskins Line, Rodney, ON 519-785-0560 or clerk@westelgin.net. This information will be kept private and confidential unless otherwise required by law.

Applicant:

Address:

Telephone:

Personal Email

Sign is intended for:

Other:

☐ Applicant

☐ Child(ren) under
primary care of
applicant

☐ Other

The person(s) the sign is intended for is a:

☐ Child

☐ Adult (18 years of age or older)

**Does the person(s) the sign is intended for
reside at the above address:**

☐ Yes

☐ No

If not, please identify their permanent address:

Please Note:

1. The location of sign(s) will be determined through a site review. Generally one sign will be installed per direction on the Municipality of West Elgin road ways, appromiately 100 metres in advance of the address.
2. You are required to contact the Municipality of West Elgin if there are any changes that would require the sign to be changed or removed, such as a change in address, etc.
3. The Municipality of West Elgin will contact you annually by written letter delivered by mail or in persons to the applicants address. The sign(s) will be removed if an acknowledgement is not recieved within 30 days of the date of the letter.
4. Please note hte sign has no legal status under the Ontairo Highway Traffic Act. By signing and submitting this aookcuation you acknowledge the sign is informational only and is not to be construed as a device to protect persons from vehicular traffic.
5. Upon an approved application please allow 6 weeks for the sign to be installed.

Applicant's Signature:

Date:

To be completed by a Health Care Professional:

Council of the Municipality of West Elgin has approved the installation of signs to warn drivers they are approaching a residence where a person with autism, and or who have a hearing or visual impairment resides, and who may not be able to recognize approaching traffic. Does your patient have one or more of the following disabilities:

**Deafness/ Hearing
impairment:**

Comments:

☐ Yes

☐ No

**Blindness/ visual
Impairment:**

☐ Yes

☐ No

Comments:

Autism

☐ Yes

☐ No

Comments:

Name:

Signature:

Date:

To be Completed by Municipal Staff:

Application Approved by the Manager of Operations and Community Services for the Municipality of West Elgin or thier designate.

Name:

Signature:

Date:

Thank You

A member of West Elgin Staff will follow up with you shortly regarding this request.

Appendix B

The following is a sample of persons with disability warning sign. Each sign tab will be customized to the specific disability.

