



APPLICATION FOR ON-STREET ACCESSIBLE (ADA) PARKING SPACE



APPLICANT:	TELEPHONE:
ADDRESS:	REQUESTED LOCATION OF ACCESSIBLE PARKING SPACE: (i.e., address, front or side of property, etc.)
CITY: ZIP:	
VEHICLE LICENSE PLATE NO.	PARKING PLACARD NO. AND COLOR

Please describe your need for physically challenged accessible parking:

Applicant's Signature

Date

Please answer the following questions to help us determine feasibility of your request:

1. Can your driveway be used for access by the physically challenged person's vehicle? If not, why?

2. Can your driveway be widened to accommodate the need for an additional parking space? If not, why?

3. Is the request for the on-street physically challenged space of a long term nature?

4. Is the on-street space located in close proximity to a curb ramp or driveway approach for access to the sidewalk, or can it be located to such an area?

5. Is there an existing on-street physically challenged accessible parking space in close proximity that you can use? If so, where is it located?
