



## APPLICATION FOR ON STREET DISABLED-ACCESSIBLE PARKING ZONE

1. Name of Applicant \_\_\_\_\_ Phone # \_\_\_\_\_

2. Address of Applicant \_\_\_\_\_

3. Description of property (Single family home, apartment, condo, etc.): \_\_\_\_\_

4. Do you have access to off-street parking for your residence? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**If yes, explain why your garage, driveway or assigned parking space does not meet your needs:**

\_\_\_\_\_  
\_\_\_\_\_

5. If you are not the owner of this property, please have the owner (or manager) attest to their support of the application by completing below:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Signature \_\_\_\_\_

6. DMV Disabled Person / Vehicle Identification information:

License Plate # \_\_\_\_\_ Disabled Person Placard # \_\_\_\_\_

**Please ATTACH a copy of either:**

- (a) Your DMV - issued Disabled Person Placard Identification Card/Receipt, or
- (b) Your DMV - issued vehicle registration with a number in the appropriate DP or DV series.

**DO NOT SEND A COPY OF YOUR PLASTIC DISABLED PERSON PLACARD. This will not be accepted.**

7. **Physician Certification:** I do hereby certify that my patient \_\_\_\_\_  
has a physical condition, which requires a dedicated on-street parking space:

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ License No. \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

**NOTE: To qualify, you MUST provide the attachments required for Part 6 and the physician certification in Part 7, above.**

In submitting this application I understand and agree to the following:

- The evaluation process may involve City staff entering my property for the purpose of ascertaining the presence, if any, of off-street parking spaces.
- Approval of this application does not constitute permanent agreement to provide blue zones. A biennial renewal process, to assure continued eligibility will require my timely submission of requested information in order to maintain validity of the handicapped parking zone. Blue zones may also be removed at any time as needed for public right-of-way purposes.
- I hereby affirm under penalty of perjury that the information provided on this application is complete and correct.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**Return completed form and attachments to:**

**City Traffic Engineer  
333 West Ocean Boulevard, 10<sup>th</sup> Floor  
Long Beach, California 90802  
Fax # (562) 570-7161**

FOR OFFICE USE

Assigned to: \_\_\_\_\_

Project: \_\_\_\_\_

CLB Map Grid # \_\_\_\_\_

CD: \_\_\_\_\_

Acc/Code \_\_\_\_\_