

Accessible Parking Sign Application for a Residential Accessible Parking Space



Designated accessible parking signs along the public Right-Of-Way (ROW) may be requested by qualifying individuals. Review the enclosed standards for qualifying criteria.

- **Accessible parking spaces on the ROW may be used by anyone having a valid disability placard or plate**
- Only one parking space is allowed per household
- Such spaces cannot be reserved for a specific individual, vehicle, or residence
- Decisions made by the Accessible Parking Sign Program are final
- Parking restrictions are still in effect

Section A - Applicant

Owner of the disability parking placard or license plate residing at location requested.

Full name	Phone		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Address <i>(must match requested sign location address)</i>	City	State	Zip
<input style="width: 95%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 5%;" type="text"/>	<input style="width: 15%;" type="text"/>
Email			
<input style="width: 95%;" type="text"/>			

Which disability placard do you have? *(select one)*

- | | | |
|-----------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Temporary
<i>(red)</i> | <input type="checkbox"/> Permanent
<i>(blue)</i> | <input type="checkbox"/> None - I don't
have a placard |
|-----------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------|

MN state issued disability placard number:

(Example: 0011223344)

Do you have a disability license plate? *(select one)*

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------------------------------|------------------------------------|

MN state issued disability license plate number:

Is the parking space needed to assist a child who is disabled? *(select one)*

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------------------------------|------------------------------------|

If yes, name of parent or legal guardian:

Section B - Accessible parking space location

Is the requested parking space located in front of applicant's mailing address?

- | | |
|-------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (please explain below) |
|-------------------------------------|-----------------------------------------------------------|

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Where exactly do you want the accessible parking space?

Spaces are typically 25' and centered on walkways that extend from front door to street. Attach a map with placement drawn or describe below:

(Example: On 32nd St with the passenger door in line with path extending to door.)

Does the applicant drive? **Yes** *(skip to section D)* **No** *(continue to section C)*

Section C - Caretaker Who Drives for Applicant *(if applicant does NOT drive)*

Name **Phone**

Email

Caretaker lives with applicant full-time Caretaker does NOT live with applicant full-time
(Provide Caretaker's address below)

Permanent Address *(if different than applicant)* **City** **State** **Zip**

Section D - Parking information for use of signed space

Explain how space will be used and how often:

Full-time primary parking space 7 day per week, and loading for appointments and errands

Part-time *(select one)* *Daytime only* *Nighttime only* *Weekdays only*
Weekends only *Varies*

Loading only for appointments and errands

Other:

Do you have off-street parking leading to the street or alley? *(select all that apply)*

Driveway/parking space Garage Carport Alley access None

Other:

Explain why you need a signed space and/or why existing parking does not meet your needs:

(Example: High occupancy on street - Can't find on-street parking and I cannot reasonably access my garage because...)



Section E - Attachments

>>> Please only attach a **COPY** of Required Documents <<<

Applicant Applicant's placard registration or plate registration (*address must match requested location*)

If the Applicant Drives:

Applicant's valid driver's license
(*address must match requested location*)

Applicant's valid vehicle registration
(*address must match requested location*)

If the Applicant Does NOT Drive:

Applicant's valid Minnesota identification card
or driver's license
(*address must match requested location*)

Caretaker's valid driver's license
(*address must match requested location*)

Caretaker's valid vehicle registration
(*address must match requested location*)

>>> Before you send your application, be sure to **VERIFY** your documents <<<

All pages of application are completed in full, including signature

All DMV records must match address of location where signs are requested
(*Contact Minnesota Division of Motor Vehicles to update records, if necessary*)

Section F - Acknowledgements

- I understand the accessible parking space, when placed, allows anyone displaying a valid disability placard/license plate, to use the space.
- I acknowledge that this designated space may not fully comply with all accessibility requirements
- I acknowledge the accessible parking signs do not exempt permitted vehicles from street sweeping restrictions
- I acknowledge that accessible parking signs expire when my placard/plate expires and is subject to renewal or removal.
- I understand under penalty of law that if my placard/plate is used by others not transporting me, that the disability parking placard/plate may be revoked, and signs removed

By signing below you acknowledge that you have read, understand, and accept the terms above.

Print applicant first and last name:

Signature of applicant:

Date:

Section G - Submission

 Submit application and documentation by email (*fastest turnaround*) or by mail:

Minneapolis Department of Public Works
Traffic and Parking Services Division
Attn: Accessible Parking Program
33 North 9th Street, Minneapolis, MN 55403

accessibleparking@minneapolismn.gov

612-673-2475