Residential Disabled Parking Zone Application
Traffic Division, Department of Public Works, City of St Paul

Mail application to: Traffic Division, 800 City Hall Annex, 25 West 4th Street, Saint Paul, MN 55102-1660

The following policy concerns the installation of disabled parking signs at a residential property:

1. The applicant must have a valid disability permit or plate from the State.
2. The applicant must show that he/she does not have any accessible space available on the residential property and that parking availability near the residence is limited. Residents requesting disability parking zones should consider any inconvenience that may result to neighboring residents. Zones that are frequently occupied are more accepted in neighborhoods than zones that are commonly empty.
3. If the application is filled out by a tenant, the consent of the property owner will be required.
4. The space requested shall be in front of the residence requesting access and there shall not be any conflict with traffic lanes or safety zones. All other street regulations will apply.
5. The space identified on-street will not be for the exclusive use of the resident but for any user with a valid permit or plate. The space may be used as a pick-up/drop off zone by authorized vehicles for applicant.
6. Any adjacent ADA spaces must be identified on the petition. Where there are multiple zones and/or high potential for conflicts with use it may be necessary to establish a passenger loading zone in lieu of an ADA parking space for general use.
7. The applicant is responsible for the cost to make and install the signs. The signs will typically be installed within 2-3 weeks after receipt of payment.

If the request is approved, the Traffic Division will notify the applicant of the layout of the zone and cost to create the zone. (A resident will pay 50% of the cost for installation.)

Name(s): _____

Address: _____

Telephone # (Home): _____ (Work): _____

Disabled Parking Certificate # _____

Expiration Date: _____

Disability License Plate # (If Applicable): _____

Please describe the nature of your disability:

What parking space is available at this address: Garage? Driveway? Other space?

What is the parking problem you are having with parking on-street and how are you dealing with it?

Who will use the zone? How will it be used? How often will it be used?

If you intend to use the zone as a pick-up/drop-off point, approximately how many times per week do you expect the zone to be used?

Do you anticipate any objections to the zone by neighbors? Why/why not?

Do you own your home or are you a renter?

IF you are NOT a renter, proceed to the sketch portion of this page

IF YOU ARE A RENTER:
Approximately how many rental units are in your building?

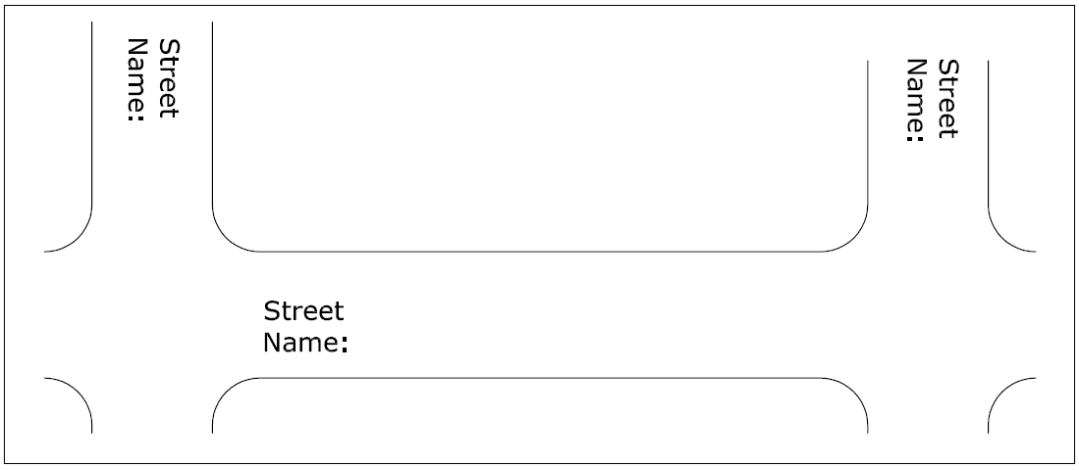
Is there a parking lot provided for tenants? Is other off-street parking available?

Are there designated disabled parking spaces in the parking lot? Explain:

Property owner signature: _____ Telephone #: _____

Sketch:

Draw in a simple sketch to indicate the desired location for the zone. Show your residence, including any entryways that must be used and the streets which border your residence. (It is also helpful to show any trees, light posts, or signs that may be in place.)



If you have any questions about completing the sketch, please call the Traffic Engineering office at 266-6200.