Accessible/Disability Parking Information:

- Americans with Disabilities Act (ADA) parking zones can be used by any vehicle with a valid License Plate, Hang Tag or Placard. A Residential ADA zone cannot be reserved for exclusive use by any individual person.

- Residents and property owners may apply for a residential ADA parking zone to be installed in front of their property. If the applicant is not the property owner, a signature from the property owner is needed on the application.

- Applicants must have current State of Minnesota Disability Plates, or a Long Term (13-71 months) or a permanent (6 year) hang tag or placard. To obtain current certification contact the Minnesota Dept. of Public Safety, Driver & Vehicle Services at 651-297-3377 or go through the website at http://www.dmv.org/mn-minnesota/disabled-drivers.php.

- Only ONE zone will be approved per property, regardless of the number of qualified individuals in the residence. No more than four zones will be installed on the same block. Residents in tightly parked areas may be asked to share spaces. ADA zone sizes vary according to needs and the existing site.

- A site visit by City staff is required for verification, location of sign posts, and determination of cost for installation.

- Costs may vary depending upon needs and existing conditions. The City will pay for half of the ADA zone, the balance is due before installation can proceed, and may take 3-6 weeks. Sign posts cannot be installed during winter months when the ground is frozen.

- Zones are not installed where parking is prohibited, or if the resident has an accessible driveway or garage on the property. If the person with the disability is not able to use the driveway or garage, please explain why in the application.

- Parked vehicles must follow all posted parking restrictions and general parking rules, including snow emergency regulations.
PLEASE FILL THIS FORM OUT COMPLETELY!

### INFORMATION FOR PERSON NEEDING ZONE

<table>
<thead>
<tr>
<th>RESIDENT / APPLICANT NAME</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>OTHER CONTACT NAME &amp; RELATIONSHIP</td>
<td></td>
</tr>
<tr>
<td>DAYTIME PHONE NUMBER(s):</td>
<td></td>
</tr>
</tbody>
</table>

### PROPERTY OWNER INFORMATION

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>DAYTIME PHONE:</td>
<td></td>
</tr>
<tr>
<td>OWNER SIGNATURE:</td>
<td>DATE:</td>
</tr>
</tbody>
</table>

### DISABILITY CERTIFICATE OR LICENSE PLATE INFORMATION

| MN DISABILITY CERTIFICATE or HANG TAG NUMBER: |  |
| EXPIRATION (month/year): |  |
| ADA LICENSE PLATE NUMBER: |  |
| METRO-MOBILITY CARD NUMBER: |  |
| OTHER RIDE SERVICE PROVIDER & CONTACT INFORMATION |  |

How often do you use Metro Mobility or another Rider Service? Please explain.

For Office Use Only: Date mailed: _________________ Date Received: _________________

May 2018
Please describe your needs:

___ curb space to park a vehicle ___ curb space for pick-up and drop offs

___ access to service walk to your home

Describe other needs: _____________________________________________________________
________________________________________________________________________________

Indicate where you would like the ADA zone placed in front of your residence.
Please illustrate your area on the map below.

For example: center the zone on the service walk to your home, push to the right or left of the service walk, place the passenger door of a vehicle at the service walk, or install zone with one end aligned with your property line to leave space for other vehicles to park.

Your preferences will be considered during the on-site field review, which will determine the final location and cost. An existing sign post or City light pole may reduce the cost, but installation in concrete requires an extra charge. There is an additional cost to move or relocate signs once they have been installed.

The City cannot install ADA zones in Alleys, or within areas prohibited by an ordinance.
Who will be using this zone? Applicant and/or others?
______________________________________________________________________________

What other parking space is available at this address? Do you have an accessible driveway and/or a garage? Explain why you cannot use the garage or driveway if you have one:
______________________________________________________________________________
______________________________________________________________________________

If you are driving your own vehicle, can you parallel park your vehicle in a normal 20 foot parking space? Yes ____ No (explain)
______________________________________________________________________________

What size vehicle(s) will be using the zone?
_____ standard car, SUV or small truck (20-22 ft)
_____ larger pick-up truck or rear-loading van (22-25 ft.)
_____ Metro Mobility, mini bus or other transport van (30-40 ft.)

How often will the space be used? ________________________________________________
______________________________________________________________________________

Additional comments and information:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

• The property owner is responsible for notifying this office when a parking zone is no longer needed. Signs will be removed at no cost upon request.

• Public Works Traffic Engineering staff may contact you if our records indicate that your ADA certification information has expired. If you cannot provide current information for an expired certificate, we may order the zone to be removed. To reinstall will require a new application and installation fees.

Signature of Applicant or Representative: DATE: