



CITY OF LONG BEACH

DEPARTMENT OF PUBLIC WORKS

333 West Ocean Boulevard 9th Floor • Long Beach, CA 90802 • (562) 570-6331 • Fax (562) 570-7161

Dear Long Beach Constituent:

Thank you for contacting the Traffic Engineering Division regarding your request for an on street disabled parking zone, the application is enclosed for you to complete and return to our office. Please take the time to thoroughly complete each of the seven sections of the application. Incomplete applications will delay processing.

Section 10.34.025 of the Long Beach Municipal Code requires that a disabled zone applicant certify that no existing on street or off street parking space meets his or her parking needs. Section four of the application provides an opportunity for you to make such a certification by explaining why available parking near your home is not adequate. **Applications without a reasonable explanation or certification will be denied.**

Although disabled zones are installed upon request, such designated zones on public property are not reserved for the applicant. Any motorist who displays a valid disabled parking placard or appropriate Disabled Person license plate may park in any disabled parking space located on public property.

You may forward the completed application to our office by any convenient means, such as mail, fax, or hand delivery. It is our goal to complete the processing of completed applications within 30 days. If your application is approved it may take up to 180 days after approval before the zone is actually installed. If you would like to check on the status of your request, please call (562) 570-6331

Thank you again for this opportunity to be of service.

Sincerely,

TRAFFIC ENGINEERING DIVISION



APPLICATION FOR ON STREET DISABLED-ACCESSIBLE PARKING ZONE

1. Name of Applicant _____ Phone # _____
2. Address of Applicant _____ E-mail address _____
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:

Do you drive? _____ 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:

**Traffic Engineering Division
333 West Ocean Boulevard, 10th Floor
Long Beach, California 90802
Fax # (562) 570-7161**

FOR OFFICE USE
Assigned to: _____
Project: _____
CLB Map Grid # _____
CD: _____
Acc/Code _____