



**Other relevant information**

**If someone else drives for the applicant,** please provide the following information about the person who does most of the driving:

Name of person: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Phone Number(s): ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Number Street Name City Zip Code

**If applicable,** please specify the maximum number of attendants and/or caregivers that need to be in the household of the disabled resident at the same time for 50% of the time: \_\_\_\_\_

**PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION. FAILURE TO INCLUDE THESE DOCUMENTS WILL RENDER THE APPLICATION INCOMPLETE AND IT WILL NOT BE GIVEN FURTHER CONSIDERATION. IF HOUSEHOLD CONTAINS MULTIPLE RESIDENTS WITH HANDICAPPED PARKING NEEDS, INCLUDE THE FOLLOWING FOR EACH RESIDENT:**

- Copy of the applicant’s current valid DMV Disabled Person’s Parking Placard identification card or current vehicle registrations showing DP license plate numbers
- Copy of the applicant’s driver’s license and vehicle registration
- If the documents listed above do not reflect your current address, also include a copy of one of the following documents: PG&E bill, telephone bill, or rental contract agreement
- If applicant is a renter, include a letter from the owner of the property or the building manager supporting on-street blue zone parking space request.
- Complete and sign Statement of Agreement on page 3 of this application

**For Office Use Only**

Disabled placard check \_\_\_\_\_ Disability type \_\_\_\_\_

Vehicle registration check \_\_\_\_\_ Property owner \_\_\_\_\_

Vehicle type and length \_\_\_\_\_ Driveway sloped or other \_\_\_\_\_

Field survey \_\_\_\_\_ Existing conditions/surveyor notes:

Curb length/conditions \_\_\_\_\_

Existing signposts \_\_\_\_\_

Denied

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

## The applicant should complete the following Statement of Agreement

I, \_\_\_\_\_, state that I am 18 years old or older, and that if a  
Residential Blue Zone Parking Space is created per my request in front of:

Print name

\_\_\_\_\_  
Print address

I understand and agree to the following conditions:

1. The parking space will be used to park a vehicle displaying a legal, disabled license plate or window placard.
2. The disabled license plate or window placard does not exonerate the user from the responsibility of obeying any City Ordinance concerning on-street parking. Vehicles parked in BLUE ZONES must be moved to other locations to comply with street sweeping days, and/or if the area has been posted for construction, special events, and any other parking restriction indicated by signs.
3. The BLUE ZONE PARKING space is located in the City right-of-way and it is not a private space for any particular driver, including the applicant. It must be shared with other legally disabled licensed vehicles on a first come-first serve basis.
4. The Office of Transportation will be informed when the BLUE ZONE parking space is no longer needed.
5. Misuse of the BLUE ZONE parking space could result in the removal of the space, THE ISSUANCE OF a citation, and/or REFERRAL to DMV for further action.
6. The on-street BLUE ZONE parking space will not substitute for any parking requirement to this property as mandated by Traffic Engineering or Zoning Division regulations. A Garage or any other type of existing off-street parking for that property shall remain as the official off-street parking space, and it shall not be blocked, obstructed, or put to any use that would prevent any current or future resident of said property from parking there.

(If the person with a disability is under 18 years old, the adult responsible for this person should sign it and, in parenthesis, add the relationship to the applicant.)

Please sign and mail to:

**City of Berkeley**  
**Office of Transportation**  
**Attention: Arielle Abdon**  
**1947 Center Street, 4th Floor**  
**Berkeley, California 94704**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date