



# City of Richmond

## Department of Public Works

### Guidelines for Handicap Parking Zone

**NOTE: Handicap parking designation is for residential areas only**

- 1. Proof of disability must be shown by providing one of the following documents:**
  - a. Doctor's note issued within the last 12 months.**
  - b. Copy of Virginia disabled parking placard or card.**
- 2. Applicant must provide a copy of a valid Virginia driver's license and vehicle registration.**
- 3. If the applicant is transported by another person, that individual must also provide a copy of a valid Virginia driver's license and vehicle registration (Note: copy of other person's vehicle registration only needed if the other person uses their car to transport applicant).**
- 4. Proof of residence in a residential area must be shown by providing a copy of a utility bill.**
- 5. There will be no handicapped parking designations made in the following areas:**
  - a. Parking lots**
  - b. Parking garages**
  - c. Driveways**
- 6. Please note that the applicant does not own the parking space that is placed in front of the residence. Handicap parking is accessible to anyone who displays a handicap parking decal, card, or handicap license plate.**



# City of Richmond Department of Public Works

## Application for Designated Disabled Parking Spaces in a Residential Area

Name: \_\_\_\_\_  
(Last) (First) (MI)

Date of Birth: \_\_\_\_\_

Driver's License: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Type of Disability: \_\_\_\_\_

Please complete the following question:

1. If parking is permitted on the street, are you requesting this space?  Yes  No
2. Do you have a driveway connected to your residence?  Yes  No
3. Do you have one: (check one)
  - A Virginia Disabled License Plate
  - Virginia Disable Parking Placard
  - DMV Disable Card
  - None of the Above

What is the make, year, and license number of the vehicle(s) for which this request is being made?

\_\_\_\_\_ (Make) \_\_\_\_\_ (Year) \_\_\_\_\_ (License Plate Number).

Do you own this vehicle?

If YES, please list your debts with the City of Richmond. \_\_\_\_\_

I certify that the information submitted on his application is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Approved

Denied