

# City of Stamford

## **REQUEST FOR RESIDENTIAL ON-STREET HANDICAPPED PARKING SPACE**

### **I. APPLICANT INFORMATION**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

Town/State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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### **II. LOCATION OF PROPOSED ON-STREET PARKING SPACE**

The proposed residential on-street handicapped parking space must be in front of the applicant's residence. The proposed location of the handicapped parking space being requested is at:

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

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### **III. PROOF OF PERMANENT DISABILITY AND POSSESSION OF DMV-ISSUED HANDICAPPED PLACARD**

Only requests from Certified Handicapped Persons or Handicapped Veterans in possession of a valid State issued Handicapped Plate for a vehicle with a matching registration address to the requested address location or Handicapped Placard will be considered. Proof can be provided by submitting a copy of a valid DMV vehicle registration or receipt for a recently processed DMV application.

Can a copy of a DMV-Issued Handicapped Placard be Provided: Yes: \_\_\_\_ No \_\_\_\_

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**IV. AFTER CITY RECEIVES APPLICATION:**

Staff will observe the address on the request to determine the following:

- a) Sufficient off street parking, i.e.: driveway, parking lot, parking facility.
- b) Distance from street to access point of residence.
- c) Location of any/all handicapped accessible ramps/devices.
- d) Grade differences from the street to access point of residence.

**V. UNDERSTANDING OF RESIDENTIAL ON-STREET PARKING POLICY AND USE AGREEMENT**

I have read and understand the Residential On-Street Handicapped Parking Policy, and to the best of my knowledge, my residence meets ALL the installation criteria, requirements and conditions presented. I agree to meet with staff from the Department of Traffic and Road Maintenance to review the installation request. I also understand that if approved, this will not be a private space for my residence and that it must be made available to other vehicles that display a handicapped placard on a first come first serve basis.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**For Information Contact: Orazio Cirelli, Operations Foreman at 203-977-5968.**

**Please send your application to the following address.**

**Mail To: 39 Courtland Avenue  
Stamford CT, 06902  
Attn: Orazio Cirelli**

**FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

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