



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 the following document:**

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 one parking space may be granted at his or her residence when that individual does not have access to off-street parking or when the use of such off-street parking is unduly burdensome to the individual. 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).

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

Signature: _____ Date: _____

Approved: _____

☐ Approved

☐ Denied