



Seattle Department of Transportation

Residential Disabled Parking Zone Request Form

INFORMATION:

An area is defined as a “residential request area” if the existing land use is a single-family or multi-family building, including the first floor of the building. This does not include live-work or other multi-use buildings where the lower story of the building is non-residential. The existing on-street parking regulation must not have general time limits or paid parking but may include areas within Restricted Parking Zones (RPZs). Within these areas the requirements for siting a new space within the public right-of-way are:

ELIGIBILITY REQUIREMENTS:

- Requester has a valid Washington State-issued disabled permit **AND** the permit is not for a temporary condition
- Requester is a full-time resident of the address where requested
- Requester is the property owner or has permission of the property owner/manager to install the space
- Off-street parking is unavailable, or where available is not physically accessible to the requester with a disabled permit
- There is no existing residential designated space within **100 feet** of the applicant’s street property frontage on the same side of the street as requested

DISCLAIMER: Requested location is on a street with 5% slope or less AND the requested space is adjacent to an existing curb ramp, or a driveway that substantially complies with curb ramp design requirements. **EXCEPTION** – for applicants meeting other criteria above, SDOT will install a space in other locations if the requester returns signed acknowledgment that the space does not fully comply with accessibility recommendations for a parking space within the ROW.

1. NAME OF APPLICANT: _____
(Applicant must be person with the disability. A maximum of two (2) spaces are allowed for single-family residences.)

2. PHONE NUMBER (required): _____

3. EMAIL ADDRESS (optional): _____

4. STREET ADDRESS: _____

5. DO YOU DRIVE YOURSELF?: _____

6. DO YOU HAVE OFF-STREET PARKING?: _____

A. IF YES, WHY CAN'T IT BE USED? _____

7. WASHINGTON STATE DISABLED PLACARD NUMBER & EXPIRATION DATE (eg. 123456Z Exp. July 2020):

ELIGIBILITY EXCEPTION (if applicable): I acknowledge that this disabled space does not fully comply with accessibility recommendations

X _____
SIGNATURE & DATE