CITY OF SEATTLE
Residential Disabled 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:
- Requestor has a valid Washington State-issued disabled permit AND the permit is not for a temporary condition
- Requestor is a full-time resident of the address where requested
- Requestor is the property owner or has written permission of the property owner/manager to install the space
- Off-street parking is unavailable, or where available is not physically accessible to the requestor 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 requestor 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. CONTACT INFORMATION: __________________________________________

3. ADDRESS: ________________________________________________________

4. DO YOU DRIVE YOURSELF?: _______________________________________

5. DO YOU HAVE OFF-STREET PARKING?: ______________________________#

   A. IF YES, WHY CAN’T IT BE USED? _________________________________

6. WASHINGTON STATE DISABLED PERMIT NUMBER & EXPIRATION:
   ___________________________________________________________________

   ELIGIBILITY EXCEPTION (if applicable): I acknowledge that this disabled space does not fully comply with accessibility recommendations for a parking space within the right-of-way.

   X
   SIGNATURE & DATE