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 as follows:

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 approval from the property owner/manager to install the zone
• 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 the owner of the placard. 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

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