



APPLICATION FOR RESIDENTIAL ON-STREET ACCESSIBLE PARKING SPACE

APPLICANT:	TELEPHONE:	
ADDRESS:	CITY:	ZIP:
VEHICLE LICENSE PLATE NO.:		
PARKING PLACARD NO. AND COLOR:		

The following must be submitted to be considered for an on-street accessible parking space:

Proof of valid CA DMV disabled person (DP) parking placard or license plate

Proof of residency

Written justification for requesting installation of an on-street accessible parking space in-lieu of using the driveway

Fee payment made by check, Visa, or Mastercard. Checks can be made to the City of San Mateo.

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Please answer the following questions to help us determine the feasibility of your request:

1. What current conditions prevent the applicant from utilizing existing on-street parking?

2. Where is the preferred location for the on-street accessible parking space? (i.e. street name and address, front or side of property, etc.)

3. Is the request for the on-street accessible parking space for long-term nature? Yes No

4. Can the applicant's driveway be used for access by the applicant's vehicle? Yes No
(if no, explain)

5. Can the applicant's driveway be widened to accommodate access to the residence? Yes No
(If no, explain)

6. Is there an existing on-street accessible parking space in close proximity that the applicant can use? If yes, where is it located? Yes No

Applicant's Signature

Date