



To apply for a residential on-street parking space for people with disabilities, please follow these instructions.

1. Complete the Application for Residential On-Street Parking with People with Disabilities. For the purposes of this application, “Applicant” and “you” refer to the person with a disability who is requesting a residential on-street parking space. All information must be printed clearly, and all questions must be completely answered.

2. Provide a copy of the following required documents. Do not send original documents. Make sure to include all required supporting documentation. Incomplete applications will not be processed.

a. Valid DMV vehicle registration in your name or in the name of your primary live-in caregiver who resides full-time at the address on the application. The registration must match the address and license plate given on the application.

b. If you request a space not directly in front of your property, then you must provide either Certified Mail receipt(s) or Notice to Adjacent Property Owner forms signed by the adjacent property owner acknowledging that he or she has been notified.

c. If you are not the property owner, then you must provide Certification from the Landlord or Property Manager that accessible parking cannot be provided off-street.

3. Mail application and supporting documentation to:

Reserve Township Police Department ATTN: Chief of Police

33 Lonsdale Street

Pittsburgh, PA 15212

The process of reviewing the application, conducting a field investigation, and arranging for sign installation typically takes 1 to 3 months. If your application is denied, you will receive a letter from Reserve Township Police Department explaining why your request was denied.

Please note: False statements will result in the denial of the application or the revocation of a parking space if discovered after an application has been accepted.

## APPLICATION FOR RESIDENTIAL ON-STREET PARKING FOR PEOPLE WITH DISABILITIES

Application Date: \_\_\_\_\_ Application Type (circle one): New Renewal

### I. Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a permanent severe mobility impairment that limits your ability to walk? (circle one): Yes No

Are you able to walk 200 feet? (circle one): Yes No

Do you depend on an assisted mobility device(s)? (circle one): Yes No

Which type? (circle all that apply): Wheelchair Portable oxygen Prosthesis

Walker Cane

### II. Housing Information

Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you reside at this address full-time, year-round? (circle one): Yes No

Do you rent or own? (circle one): Rent Own

Is this public housing? (circle one): Yes No

If yes, what is the name of the housing community?: \_\_\_\_\_

If you rent, make sure to include the completed form, Certification from the Landlord or Property Manager (see

Appendix II). This form must include the name and phone number of the landlord or property manager.

### III. Vehicle Information

Does the registered owner of the vehicle reside at the address of the applicant? (circle one): Yes No

Pennsylvania-issued Persons with Disabilities license plate number: PD:

\_\_\_\_\_

SDV: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

Make sure to include a copy of the vehicle registration associated with this vehicle. The registration must be in your name or in the name of your primary live-in caregiver who resides full-time at the address on this application, and the address on the registration must match the one given on this application.

#### IV. Site Information

Location of space requested: \_\_\_\_\_

Note: Township of Reserve will endeavor to install the space as close to your residence as possible but cannot guarantee that the space will be directly adjacent to your house.

Is there any existing off-street parking at this address? Yes No

Important: Report all existing off-street parking at this address even if you cannot use it.

If yes:

What type of off-street parking exists? (circle all that apply): Garage Driveway Parking Pad/Lot

Other:

Are you able and/or allowed to use the existing off-street parking? (circle one): Yes No

If you cannot use the off-street parking, please explain why. \_\_\_\_\_

\_\_\_\_\_

If you have requested a space not adjacent to your house, please make sure to include the Certified Mail receipt(s) proving that you sent a copy of the Notice to Adjacent Property Owner to the property owner(s) whose property borders the requested space. You also can deliver the form to the property owner(s) and ask them to sign acknowledging that they have received and read the notice. In these cases, please make sure to include these signed forms with your application.

V. Applicant's Certification

I certify that the above information is true and accurate to the best of my knowledge and belief. I acknowledge that providing false information or omitting material information will result in denial or revocation of the application. I also understand that it is my responsibility to notify the Township of Reserve immediately if any of my information changes.

I fully understand that the installation of a residential on-street parking space for people with disabilities does not reserve the space for my personal use. Any vehicle with a valid disabled license plate or placard may use the space. I understand that misuse or abuse of the parking space will result in its immediate removal.

\_\_\_\_\_  
Print Name of Applicant Applicant Signature Date

\_\_\_\_\_  
Print Name of Preparer (if applicable) Preparer Signature Date

FOR ADMINISTRATIVE USE ONLY: DO NOT WRITE BELOW THIS LINE

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Work Order #: \_\_\_\_\_

Denied: \_\_\_\_\_ Reason(s) for denial (circle all that apply): Incomplete application

Does not meet all eligibility criteria

Has existing space

Parking restrictions on street

Other \_\_\_\_\_

Version: February 3, 2020

Residential On-Street Parking for People with Disabilities

Attachment I

NOTICE TO ADJACENT PROPERTY OWNER

This notice is to inform you that I, (print name) \_\_\_\_\_,  
have applied to the Township of Reserve for a Residential On-Street Parking Space for  
People with Disabilities.

If my application is approved, Township of Reserve will designate a parking space in the  
street as close to my house as possible. Please know that there is a possibility that the  
most feasible parking space will be in front of your property.

To mark the space, Township of Reserve will install a sign on the sidewalk at one end of the  
space and paint the curb blue.

I acknowledge that this residential on-street space is not for my exclusive use and may  
be used by anyone with a valid disabled license plate or placard.

If you have any questions about the process, please contact Reserve Township Police  
Department at 412-322-1559.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For those receiving this directly from the applicant and not through Certified Mail,  
please sign and return this form to the applicant for inclusion in his or her application.

I, (print name) \_\_\_\_\_, acknowledge that I have  
received and read this notification regarding my neighbor's request to the Township of  
Reserve for a designated on-street parking space for people with disabilities.

Adjacent Property Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residential On-Street Parking for People with Disabilities

Attachment II

CERTIFICATION FROM THE LANDLORD OR PROPERTY MANAGER

(Please complete, sign, and return this form to your tenant.)

I, (print name) \_\_\_\_\_, certify that I am  
the owner or property manager of the property at the following address:

\_\_\_\_\_  
\_\_\_\_\_

I understand that my tenant, (print name) \_\_\_\_\_,  
has requested a Residential On-Street Parking Space for People with Disabilities from  
the City of Pittsburgh's Department of Mobility and Infrastructure (DOMI).

I certify that I cannot provide accessible off-street parking at this property. I understand  
that staff from DOMI may conduct a site visit to verify this statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_