NEW _____
RENEWAL _____

CITY OF WILMINGTON, DELAWARE
RESERVED RESIDENTIAL PARKING SPACE
FOR PERSONS WITH DISABILITIES

(please type or print)

If a parent, guardian, or spouse is to fill out the application for a child or relative, please list the child or relative as the applicant.

Applicant: _____

Home Address: _____
Street **City** **State** **Zip**

Contact #: _____ Email: _____

Male ___ / Female ___ Age: ____ yrs.

Delaware Special Placard#:_____ Expiration Date: _____
OR
Delaware Special License Plate #: _____

Delaware Vehicle Registration (License Plate) #: _____ Driver's License #: _____

Rules: 1. Applicant must:
   a) Reside at "Home Address" inside Wilmington City Limits.
   b) Have a State of Delaware licensed vehicle registered to the stated "Home Address".
   c) Possess a valid DELAWARE SPECIAL PARKING PLACARD (three-year, blue-hook card) or a DELAWARE SPECIAL LICENSE PLATE (issued by State of Delaware, Department of Motor Vehicles).
   d) Must submit photocopies of the DELAWARE SPECIAL PARKING PLACARD and the DELAWARE VEHICLE REGISTRATION card.
2. Vehicle **MUST** display the DELAWARE SPECIAL PARKING PLACARD or DELAWARE SPECIAL LICENCE PLATE.
3. No permit will be issued, if off-street parking is available within 200 feet of the applicant's "Home Address" (except for an applicant who is either wheelchair-bound or has an amputated leg).
4. Only one space will be issued to a specific address
5. Application must be completed by both the applicant (page 1) and a Physician licensed in the State of Delaware (page two).
6. All permits will have a three (3) year duration and expire on the "Anniversary Date" of the original submittal.
7. Only one "DISABLED APPLICANT" per application form.

8. The applicant **MUST** complete and submit an **AFFIDAVIT** form to retain there Permit for Persons with Disabilities Residential Parking Space, or submit new copies of current permit card or Delaware Vehicle Registration Card. If not submitted Sign and Space will be removed.

Penalties: Any person who willfully or intentionally makes a false statement on this application, in order to obtain a RESERVED RESIDENTIAL PARKING SPACE FOR PERSONS WITH DISABILITIES parking space, will be guilty of a misdemeanor and subject to a fine of not less than One Hundred and Ten Dollars ($110.00) but not more than Five Hundred and Ten Dollars ($510.00) and the loss of this parking privilege.

NOTARIZED STATEMENT

Applicant must provide a notarized statement substantiating that he/she makes two (2) trips away from home per week:

Witness Name/Phone # (print or sign)	**Destination**	**Activity**	**Trips/Week**
1.			
2.			

I, the undersigned, have read and understand the rules and penalties as specified in this application. I certify, under penalty of law, that the information given is true and accurate. The above-named witness(es) acknowledges that all statements made are subject to established penalties for making false official statements.

Signature of Applicant _____ Date _____

Notary Signature _____ Date _____

MEDICAL VERIFICATION

The Physician's Office must provide a written statement (on office letterhead) verifying the applicant's disability:

Physician's/Social Worker's Signature _____ Date _____

Street Address _____ City _____ State _____ Zip _____ Telephone/Fax# _____

Sign Installation Agreement: I understand that if the front of my home is not 22 feet or larger from property line to property line, or the space is not suitable in front of my residence, it is my responsibility to obtain the signature(s) of the affected property owner(s) indicating that they do not object to the installation of my space. A **SUPPORT FOR INSTALLATION** form will be provided for use

RETURN TO:

Transportation Division
800 N. French Street, 6th Floor
Wilmington, DE 19801

FOR OFFICIAL USE ONLY

	Submittal Date:
Installation Date:	Expiration Date:
Rejection Date:	
Removal Date:	Reason:
Void Date:	Reason:

CITY OF WILMINGTON, DELAWARE

SUPPORT FOR INSTALLATION OF A DISABLED PARKING SPACE

(please type or print)

-**PETITION** OF NEIGHBORS (75% "For" is required)-
[within the applicable side of the block]

Print Name	Street Address	Signature	Phone	Date	For/ Against
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Please note: Completion of this form must be used if the applicant has access to off-street parking and/or there is a disabled parking space currently installed on their side of the block.

-See Rule 3 on application for exceptions.