

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 -25 feet 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 of the affected property owner indicating that they do not object to the installation of my space. An applicable form will be provided for use.

RETURN TO:

**CAD/GIS Engineering Coordinator
Transportation Division
800 N. French Street, 6th Floor
Wilmington, DE 19801**

City of Wilmington

Brooke L. Santiago
CADD/GIS Engineering Coordinator

Phone: (302) 576-3085
Fax: (302) 571-4579
bsantiago@WilmingtonDE.gov

FOR OFFICIAL USE ONLY

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

PLEASE PRINT OR TYPE

CITY OF WILMINGTON, DELAWARE

SUPPORT FOR INSTALLATION OF A DISABLED PARKING SPACE

-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.