PUBLIC WORKS DEPARTMENT

City of LYNWOOD
A City Meeting Challenges
11330 BULLIS ROAD
LYNWOOD, CALIFORNIA 90262
(310) 603-0220

ALL-AMERICA CITY

Instructions:

1. Fill out the attached application (make sure your physician signs the application).
2. Make your **non-refundable** payment of $50 to the City of Lynwood Cashier's Office.
3. Make a copy of your placard or vehicle registration renewal.
4. **Submit the following information** to the City of Lynwood Public Works Department which is located at 11750 Alameda St., Lynwood, CA 90262:
    a) **Application with physician's signature.**
    b) **Payment Receipt of $50**
    c) **Copy of placard or vehicle registration renewal.**

DISABLED PERSONS ON-STREET PARKIGN IN RESIDENTAIL AREAS
INSTRUCTIONS

The City of Lynwood does not provide on-street parking for private individuals. It must be emphasized that even "disabled parking zones" do not constitute "personal reserved parking" and, that any person with a valid "disabled persons license plates (DP or VT plates) may park in such stalls. Vehicles parked in such stalls without a DP or VT plates may be cited and towed away as resolved by City Council Resolution No. 77-89.

Normally, in establishing on-street parking facilities for the disabled, there shall be a reasonable determination made that the facility will serve more than one disabled person and that the need is of an on-going nature. The intent is to prevent the proliferation of special parking stalls that may be installed for a short-term purpose but later are seldom used. Unjustified installation of such parking stalls unnecessarily increases the City's maintenance and operations costs, reduces available on-street parking for the general public and detracts from the overall effectiveness of the disabled persons parking program.

However, exceptions may be made, in special hardship cases, provided that all of the following conditions exist:

1. Applicant (or guardian) must be in possession of a valid disabled person placard for "disabled persons" or "disabled veterans" issued by the California Department of Motor Vehicle on the vehicle.
2. The proposed disabled parking space must be in front of the disabled persons place of residence
3. Subject residence must not have off-street parking available or off-street space that maybe converted into disabled parking
4. Applicant must provide a signed statement from a medical doctor that the disabled person is unable (even with the aid of crutches, braces, walker, wheelchair or similar support) to travel more than 50 feet between his or her home and the automobile without he assistance of a second person.
5. Applicant must pay an initial fee of $50.00* to cover the cost of field investigation and presentation to the Public Safety, Traffic and Parking Commission for approval/denial.
6. If application is approved by the Public Safety, Traffic and Parking Commission, the applicant must pay an initial fee of $240.20* for installation.
7. Applicant must pay an annual fee of $25.00 after the first year, to cover the cost of yearly inspection, maintenance and future removal to confirm the present need for the handicapped parking zones.

Note: Please do not send a check until after this application has been reviewed by the Traffic and Parking Commission and approved by the City.

Return Application:

City of Lynwood
Department of Public Works
11330 Bullis Rd
Lynwood, CA 90262

*Subject to change

CITY OF LYNWOOD

DISABLED PERSON ON-STREET PARKING IN RESIDENTIAL AREAS

APPLICATION

Important: Please read instructions on reverse side before filling out (Please Type or Print).

Application Information

Applicant Name _____ Date _____

Street Address _____

City/State/Zip _____ Telephone _____

1. Is the above address the proposed location for the disabled parking space? ☐ YES ☐ NO
2. Do you own the property at this address or are you renting it? ☐ Property Owner ☐ Tenant ☐ Other
   If other, explain _____
3. Is the applicant disabled person? ☐ YES ☐ NO
   If not, what is the relationship to the disabled person?
   ☐ Spouse ☐ Parent ☐ Guardian ☐ Relative ☐ Other
4. Do you have a valid disabled person placard (DP or VT plates) issued by the California Department of Motor Vehicle on your vehicle?
   YES ☐ Placard No. _____ Exp. Date _____
   NO ☐
5. Is there a driveway or other off-street space available at this address that may be used for off-street parking space? ☐ YES ☐ NO
6. Is there sufficient space in front of this address to accommodate an on-street parking space? ☐ YES ☐ NO

I have read and understand the preceding instructions and have answered the above questions truthfully and to the best of my ability. I also understand that the disabled parking space is not exempt from street sweeping parking restrictions or other applicable part-time parking prohibitions at this location.

_____ _____

Applicant Signature Date

MEDICAL DOCTOR'S STATEMENT

I testified that the subject "Disabled Person" in this application constitutes a special hardship case who is unable to travel more than 50 feet without the assistance of crutches, braces walker, wheelchair or other support; and that such condition is expected to continue for a period of at least one (1) year.

_____ _____

Doctor's Signature Date

(Please Type or Print)

Doctor's Name _____

Address _____

Telephone _____

Please submit you payment with this form. Please submit the payment in the following way:

1. Submit your Non-Refundable $50.00 initial fee (Cash, Debit, or Credit Card) with the attached form to:

City of Lynwood

City Hall- Cashier's Office

11330 Bullis Road

Lynwood Ca, 90262

Please note: Once payment has been processed, please submit a copy of receipt by mail or in person to the Public Works Department.

By Mail: City of Lynwood

ATTN: PublicWorks

11330 Bullis Road

Lynwood Ca, 90262

In Person: City of Lynwood- Public Works Yard

11750 Alameda Street

Lynwood Ca, 90262

PUBLIC WORKS/ENGINEERING		
ITEM	FEE	ACCOUNT NO.
ENGINEERING & INSPECTIONS FEE	$ 50.00	1011.45.33165

NAME_____PH.NO. _____

ADDRESS_____

For questions call Public Works at (310) 603-0220 EXT-810 (ADA Parking Request)

Placard Sample