



INSTRUCTIONS FOR APPLYING
FOR RESIDENTIAL ON-STREET PARKING FOR PEOPLE WITH DISABILITIES

City of Pittsburgh
Department of Mobility and Infrastructure

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;
 - d. If you request a space in a Residential Parking Permit district, then you must provide proof of having the appropriate Residential Parking Permit from the Pittsburgh Parking Authority.

3. Mail application and supporting documentation to:

Traffic Operations
Department of Mobility and Infrastructure
City of Pittsburgh
414 Grant St, Room 301
Pittsburgh, PA 15219

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 DOMI 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 Walker Portable oxygen Cane Prosthesis

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: DOMI 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 reside in a Residential Parking Permit district, do you have the appropriate Residential Parking Permit from the Pittsburgh Parking Authority?: Yes No

*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 Department of Mobility and Infrastructure 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 _____

**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 City of Pittsburgh’s Department of Mobility and Infrastructure (DOMI) for a Residential On-Street Parking Space for People with Disabilities.

If my application is approved, DOMI 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, DOMI 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 DOMI’s Traffic Division at (412) 255-2793.

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 DOMI 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: _____