

**REQUEST FOR A PHYSICALLY CHALLENGED PARKING SPACE PERMIT**

**CITY OF ROANOKE – TRANSPORTATION DIVISION**



**Please print all information clearly, include a copy of supporting documentation and mail to:**

City of Roanoke - Transportation Division – Attn: Traffic Engineer - 1802 Courtland Road NE, Roanoke, VA 24012  
(An incomplete application will not be processed.)

**APPLICANT INFORMATION (Please Print)**

Full Name : \_\_\_\_\_  
Address for which a Physically Challenged Parking Space is sought: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**APPLICATION INFORMATION (Please answer all the following questions completely)**

1. Do you have a driveway or other off-street parking available?  Yes  No  
2. Type of Virginia Department of Motor Vehicles (DMV) Permit:  
 Disabled Parking License Plates Virginia License Plate No: \_\_\_\_\_  
 Disabled Parking Placard Disabled Parking Placard No: \_\_\_\_\_  
Disabled Parking Placard Expiration Date: \_\_\_\_\_  
3. Are you the owner of the residence located at the address stated above?  Yes  No  
If you are not the owner, please provide property owner's name: \_\_\_\_\_ Owner's Phone Number: \_\_\_\_\_  
4. Explain why you need a Physically Disabled Parking Space for the address stated above (use back for more space if needed)  
\_\_\_\_\_  
\_\_\_\_\_

**SUPPORTING DOCUMENTATION (Please include the following documents with your application)**

- Photocopy of Disabled Parking Placard, Placard ID, receipt or other DMV documentation indicating the issuing of a disabled parking placard or license plate to the person stated above as Applicant.
- Executed copy of the City of Roanoke's Physician's Certification for Physically Challenged Parking Space Permit

**Request for Physically Challenged Parking Space Agreement:** I understand that a reserved Physically Challenged Parking Space in front of a residence is a privilege granted by the City of Roanoke only to people who have a severe physical disability. Such a space will be granted only to those who are mobility impaired and have no other reasonable parking near their residence. However, this reserved parking space does not belong to solely the applicant. Anyone with a Physically Disabled License Plate or Physically Disabled Parking Placard is eligible to park in the space. I agree that if I use this parking space for any purpose other than that which I described in this application, the Physically Challenged Parking Space may be removed. I further agree that the City of Roanoke retains the right to cancel this permit and remove any applicable signs at any time.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For City Use Only**

Is off street parking available? \_\_\_\_\_  
Are there reasonable accommodations to access the residence? \_\_\_\_\_  
Is right-of-way space available for sign installation? \_\_\_\_\_  
Other Comments: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

*This permit will expire three (3) years after it is issued.*



Transportation Division  
Traffic Engineering  
1802 Courtland Road, NE  
Roanoke, Virginia 24012

Tel: (540) 853-2686  
Fax: (540) 853-1270

**Physician's Certification  
For a  
Physically Challenged Parking  
Space Permit**

Date \_\_\_\_\_

Subject:

Mr./Mrs./Ms \_\_\_\_\_

Address: \_\_\_\_\_

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

**As a licensed physician, I certify that the patient identified above has a condition that significantly limits or impairs movement from one place to another as defined in Virginia Code §46.2-1240. It is my professional recommendation that the aforementioned person be allowed to park in a Physically Challenged Parking Space on the street in front of, or as close as possible to, the above – referenced person's place of residency for a period beginning on (Month, Day, Year) \_\_\_\_\_ and ending on (Month, Day, Year) (Not to exceed three years from the date of beginning)**

Sincerely,

Physician's Signature \_\_\_\_\_

Physician's Name (Please Print) \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

*Note to physician: Residential designated Physically Challenged Parking Spaces are available only to those with substantial functional limitations that affect mobility for more than six months.*