

# City of Springfield Residential Handicap Parking Application

If this application is being completed by someone other than the Disabled Person (Applicant), please list that person's name below: (PLEASE PRINT)

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Person completing application	Relationship to Applicant
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Applicant's (Disabled Person's) name (please print) \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Vehicle registration or placard number: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:

1. What is the nature of your disability? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Explain why you feel that you are in need of reserved Handicap Parking in front of your home.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Do you have a driveway, garage or other off street parking available?  No  Yes

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4. Do you rent the property where you are residing?  
 No  Yes – If yes, your landlord will need to sign below.

I certify that I am the owner of the property or Property Manager of:  
(address) \_\_\_\_\_ and that I have no objection to the  
City of Springfield installing a Handicap Parking space for my tenant along the public  
sidewalk in front of the property at the above address. I further certify that off-street  
parking (driveway, garage or lot) is not available to the applicant.

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Landlord's or Property Manager's Signature	Phone No.	Date
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### Applicants Certification

I am aware that it is my responsibility to file a complete application. I understand that the application will be returned to me if it is found to be incomplete, illegible, or otherwise not filed in compliance with the instructions.

I certify that the information contained herein is true and correct to the best of my knowledge and belief.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Policy for Designated Handicap Parking Spaces on Public Streets in Residential Areas

1. Handicap Parking cannot be established in areas already restricted as No Parking or Limited Time Parking.
2. Handicap Parking is not designated when off-street parking (driveway, garage or lot) is available.
3. The street must be a public way, and the street width must be adequate to allow parking in front of petitioner's residence.
4. Handicap parking signs do not exempt a vehicle from other regulations such as snow emergency, street cleaning or resident parking.
5. Handicap Parking spaces may be used by anyone with a handicap plate or handicap placard from the Registry of Motor Vehicles and are not the applicant's personal space.
6. The Handicap Parking space is for the placard/plate holder only, NOT for family, friends, or personal care attendant's usage. Police may confiscate the Handicap Parking placard/plate for any violations and the Registry of Motor Vehicles may impose fines.
7. The city reserves the right to reject requests or remove any Handicap Parking spaces that will be infrequently used or will cause hazard to the motoring and walking public.
8. Handicap Parking spaces are issued for a period of (3) years and an extension must be requested in writing with the Mayor's Office for Citizens with Disabilities within 60 days of expiration. Failure to request an extension within 60 days will result in the removal of the Handicap Parking sign(s) and the complete process must be started again including approval by the appropriate boards.
9. When the Handicap Parking space is no longer needed due to applicant's change in residence or change in eligibility status, the applicant or a member of their household shall notify the Department of Public works and the Mayor's Office for Citizens with Disabilities within (30) days of this change.

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To apply for a Handicap Parking space near your residence, please submit the following materials to:

*The Mayor's Office for Citizens with Disabilities  
311 State Street  
Springfield, MA 01105*

1. The completed residential Handicap Parking Application.
2. The completed Attending Physicians form documenting the need for a Residential Handicap Parking space.
3. A photocopy of the Handicap Parking placard issued to the applicant in accordance with the provisions of Chapter 632 of Massachusetts General Law or a photocopy of the car registration if it has handicap number plates authorized by chapter 90, Section 2 of Massachusetts General Law.

## Applicants Certification

I am aware that it is my responsibility for the proper usage of the Handicap Parking plate/placard subject to the rules of the Commonwealth of Massachusetts and Registry of Motor Vehicles Regulations. I have read and understand the policy for the Handicap Parking spaces. I certify that the information contained herein is true and correct to the best of my knowledge and belief.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# City of Springfield Residential Handicap Parking Application

Applicant's name (please print): \_\_\_\_\_

Applicant's address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
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To be completed by attending physician:

*To Physician:* Approval for a Residential Handicap Parking space is based in part on information provided by you. If this applicant (your patient) has a "hidden disability" (i.e.: one that is not visibly obvious), it will be incumbent on you to specify the extent to which the disability limits the person's mobility in order to make a fair evaluation of this application. Residential Handicap Parking spaces are available only to those with substantial functional limitations that affect mobility for more than one year.

Please answer the following:

Does the applicant have a mobility impairment?  No  Yes

Note which, if any, of the following impairments is attributable to the applicant and explain:

Loss of use of one or more limbs: \_\_\_\_\_

Vision impairment: \_\_\_\_\_

Knee, ankle, hip dysfunction: \_\_\_\_\_

Respiratory, heart or circulatory disorder: \_\_\_\_\_

Are mobility aids prescribed?  No  Yes

If Yes, please specify:  cane  crutches  walker  wheelchair

Ambulatory range of the applicant:

Without rest: \_\_\_\_\_ distance in feet

With intermittent rest: \_\_\_\_\_ distance in feet

Describe any other functional limitations that make a Residential Handicap Parking space necessary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's name (please print): \_\_\_\_\_ Phone No.: \_\_\_\_\_

Medical Specialty: \_\_\_\_\_ Registration Number: \_\_\_\_\_

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

*I hereby certify that the above information is correct.*

Date: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

**This form must be returned with the completed Residential Handicap Parking Application**

City of Springfield  
Residential Handicap Parking Application

Applicant's name (please print): \_\_\_\_\_

Applicant's address: \_\_\_\_\_ Phone No. \_\_\_\_\_

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To be completed by Mayor's Office for Citizens with Disabilities:

Copy of Massachusetts Registration and/or Placard

Signature of Landlord, if needed

Medical Certification

Application Complete: \_\_\_\_\_  
(Date)

Commission on Disability: \_\_\_\_\_  
(Date)

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by Commission on Disabilities:

**Application Approved**

**Application Denied**

Site Inspection by: \_\_\_\_\_ Date: \_\_\_\_\_

Driveway Exists:  YES  NO

Recommendation for application Approval/Denial: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach picture or sketch including driveways, ramps entrances.

NOTE: Forward approved application to Springfield Traffic Commission.