RESIDENTIAL HANDICAPPED PARKING SIGN POLICY & APPLICATION

Policy Statement
The following policy concerns the installation of handicapped parking signs on the public street.

Requirements
1. There must be a written request to the Department of Public Works by the Applicant that includes:
   a. Documentation of a DMV handicapped license plate or certificate.
   b. Doctor’s certification that the Requestor’s handicap affects Applicant’s ability to walk or walk any significant distance.
   c. Doctor’s certification as to the expected length of handicap, if not permanent.
2. In order to be eligible, the Applicant does not have a driveway to their property.
3. Once approved, the Applicant must make a written request to the Department of Public Works Traffic Operations division annually in the month of December requesting the signage remain. Note: Updated documentation must be submitted with renewal request if said documentation/certification is expired.
4. Signage is typically placed in front of the Applicant’s residence, but the Department reserves the right to place signage in an alternate location should a parking space not be available or would create other traffic hazards. Alternate locations will be disclosed prior to the installation of the signage.

Response to submissions will be submitted to the Applicant in writing at the location address within 30-days. If approved, a copy of the Application and letter will be forwarded to the Police Department for enforcement.

Any questions regarding this process or the status of your application, should be submitted to the Department at (757) 726-2929 or through the City’s Call Center at (757) 727-8311.

If you meet this criteria, please complete the information below and mail this form to:

City of Hampton Public Works
Traffic Operations
550 N. Back River Rd.
Hampton, VA 23669

THIS SECTION MUST BE COMPLETED BY THE APPLICANT:

Name: __________________________________________ Phone: ____________________
Last First MI
Address: ________________________________________________ Zip: __________

Request Type: NEW RENEWAL Do you have a driveway on your property? Yes No
DMV handicapped license plate registration or certification enclosed? Yes No
Doctor’s certification enclosed? Yes No

I certify that the information I have furnished is true and accurate:
__________________________________________________________
Signature of Applicant
_____________________________ Date of Request

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Application was received: _______________ Reviewed by: ______________________ on WO # ____________

Approved by: ________________________ on _______________ Public Notified: Yes No Notification date: __________

If not approved, reason: __________________________________________________________________________________________