



**APPLICATION**  
**ON-STREET PARKING SPACE**  
**FOR PERSONS WITH**  
**DISABILITIES**



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**PLEASE ANSWER ALL QUESTIONS FULLY AND CAREFULLY.**

ATTACH ALL NECESSARY DOCUMENTS, IN ORDER TO COMPLETE APPLICATION PROCESS.

**PLEASE READ BEFORE FILLING OUT APPLICATION**

THE INSTALLATION OF A PARKING SPACE ON A PUBLIC STREET FOR PERSONS WITH DISABILITIES IS A COURTESY PROVIDED BY THE CITY OF YONKERS TO ELIGIBLE RESIDENTS. APPLICATIONS FOR A PARKING SPACE FOR PERSONS WITH DISABILITIES WILL BE REVIEWED AND EVALUATED BASED ON THE CITY OF YONKERS TRAFFIC ENGINEERING DIVISION GUIDELINES. IF APPROVED, PLEASE BE ADVISED THAT THE PARKING SPACE IS NOT DESIGNATED SPECIFICALLY FOR THE APPLICANT; THE SPACE, ALTHOUGH RESERVED FOR PERSONS WITH DISABILITIES, REMAINS A PUBLIC SPACE. ANYONE WITH A VALID PERMIT MAY UTILIZE THE PARKING SPACE.

**PROCEDURE AND GUIDANCE FOR REQUESTING A PARKING SPACE FOR PERSONS WITH DISABILITIES:**

1. THE PERSON WITH DISABILITIES MUST APPLY (SEE 6) AND BE A LICENSED DRIVER.
2. APPLICANT MUST NOT HAVE ACCESS TO EXISTING OFF-STREET PARKING (A GARAGE, DRIVEWAY, PRIVATE PARKING LOT OR OTHER PRIVATE AREAS).
3. CONSENT FORMS MUST BE SUBMITTED BY THE APPLICANT SIGNED BY SURROUNDING NEIGHBORS. SURROUNDING NEIGHBORS SHALL INCLUDE RESIDENCES IMMEDIATELY ADJACENT TO AND ACROSS THE STREET FROM THE APPLICANT'S ADDRESS. FOR MULTI-FAMILY RESIDENCES, CONSENT FORMS MUST BE SIGNED BY THE PROPERTY OWNER.
4. ALL PARKING SPACES FOR PERSONS WITH DISABILITIES DESIGNATED AND ISSUED BY THE CITY OF YONKERS ARE TEMPORARY IN NATURE. ALL SUCH DESIGNATED SPACES EXPIRE 2 YEARS AFTER ISSUANCE AND MUST BE RENEWED. ALL RENEWALS ARE AT THE SOLE DISCRETION OF THE TRAFFIC ENGINEERING DIVISION.
5. ALL PARKING SIGNS AND EQUIPMENT ARE THE SOLE PROPERTY OF THE CITY OF YONKERS TRAFFIC ENGINEERING DIVISION.

6. APPLICANT MUST SUBMIT THE FOLLOWING TO QUALIFY FOR A PARKING SPACE FOR PERSONS WITH DISABILITIES:
- A. A COPY OF A VALID DRIVER LICENSE.
  - B. A COPY OF A MOTOR VEHICLE REGISTRATION WITH SAID VEHICLE SHOWN TO BE REGISTERED TO, AND STORED AT, THE APPLICANT'S ADDRESS.
  - C. A COPY OF A VALID PARKING PERMIT FOR PERSONS WITH DISABILITIES. DMV ISSUED LICENSE PLATES OR A PARKING PERMIT FOR PERMANENT DISABILITIES QUALIFY; TEMPORARY PERMITS DO NOT QUALIFY.
  - D. THE APPLICANT MUST SUBMIT A COPY OF THEIR NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES "*APPLICATION FOR A PARKING PERMIT OR LICENSE PLATES, FOR PERSONS WITH SEVERE DISABILITIES*" (MV-664.1 OR EQUIVALENT) DESCRIBING THEIR MEDICAL CONDITION AND SIGNED BY THEIR PHYSICIAN. A COPY CAN BE OBTAINED AT THE YONKERS PARKING VIOLATIONS BUREAU.
  - E. PROOF THAT THE APPLICANT IS SEVERELY DISABLED. A SEVERELY DISABLED PERSON HAS ONE OR MORE OF THE FOLLOWING PERMANENT CONDITIONS:
    - 1. USES PORTABLE OXYGEN
    - 2. LIMITED OR NO USE OF ONE OR BOTH LEGS
    - 3. A NEUROMUSCULAR DYSFUNCTION THAT SEVERELY LIMITS MOBILITY
    - 4. LEGAL BLINDNESS
    - 5. CLASS III OR CLASS IV CARDIAC CONDITION
    - 6. A PHYSICAL OR MENTAL CONDITION NOT LISTED ABOVE, CERTIFIED BY A LICENSED PHYSICIAN SPECIFIC AS TO TYPE AND PERMANENCY, WHICH REQUIRES A PARKING SPACE IN CLOSE PROXIMITY
7. **MAKING A FALSE STATEMENT** OR GIVING FALSE INFORMATION ON THIS APPLICATION IS A CRIME (A FELONY OR MISDEMEANOR). MAKING A FALSE STATEMENT OR PROVIDING MISINFORMATION TO OBTAIN A PARKING PERMIT FOR A PERSON WITH SEVERE DISABILITIES IS A VIOLATION OF THE NYS VEHICLE AND TRAFFIC LAW AND THE PENAL LAW, AND IS PUNISHABLE BY FINES FROM \$250 TO \$1,000. THESE PENALTIES ALSO APPLY TO DOCTORS PROVIDING CERTIFICATIONS, AS WELL AS APPLICANTS.
8. RETURN THIS APPLICATION TO:
- CITY OF YONKERS  
TRAFFIC ENGINEERING DIVISION  
CITY HALL – 5<sup>TH</sup> FLOOR  
40 SOUTH BROADWAY  
YONKERS, NEW YORK 10701**

**PARKING SPACE APPLICATION FOR PERSONS WITH DISABILITIES**

DATE OF REQUEST: \_\_\_\_\_

DISABLED PERSONS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: YONKERS STATE: NEW YORK ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

LOCATION OF REQUESTED SPACE: \_\_\_\_\_

**ANSWER ALL QUESTIONS APPLICABLE TO YOU**

1. DO YOU HAVE A VALID PARKING PERMIT FOR PERSONS WITH DISABILITIES? YES  NO

**(PERMANENT PERMITS ONLY)**

IF YES, GIVE PERMIT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

ISSUING AGENCY \_\_\_\_\_

DO YOU HAVE A LICENSE PLATE FOR PERSONS WITH DISABILITIES? YES  NO

IF YES, NEW YORK STATE LICENSE PLATE NUMBER \_\_\_\_\_

2. WHAT IS THE TYPE OF DWELLING YOU LIVE IN?

- PRIVATE HOUSE
- SMALL MULTIPLE DWELLING (2 – 7 FAMILIES)
- APARTMENT BUILDING
- CO-OP
- OTHER \_\_\_\_\_

ARE YOU THE OWNER? YES  NO

WHAT IS THE NUMBER OF FAMILIES PRESENT? \_\_\_\_\_

PARKING AVAILABLE (FREE OF CHARGE OR NOT) CHECK ALL THAT APPLY:

- DRIVEWAY
- GARAGE
- OFF-STREET (PRIVATE PARKING LOT)
- OTHER: \_\_\_\_\_

WHERE DO YOU PRESENTLY PARK? \_\_\_\_\_

3. WHAT ARE YOUR NEIGHBORING DWELLINGS?

ON YOUR RIGHT:

- PRIVATE HOUSE
- SMALL MULTIPLE DWELLING (2 – 7 FAMILIES)
- APARTMENT BUILDING
- CO-OP
- OTHER: \_\_\_\_\_

WHAT IS THE NUMBER OF FAMILIES PRESENT? \_\_\_\_\_

IS THE OWNER A RESIDENT?                      YES                       NO

ON YOUR LEFT:

- PRIVATE HOUSE
- SMALL MULTIPLE DWELLING (2 – 7 FAMILIES)
- APARTMENT BUILDING
- CO-OP
- OTHER: \_\_\_\_\_

WHAT IS THE NUMBER OF FAMILIES PRESENT? \_\_\_\_\_

IS THE OWNER A RESIDENT?                      YES                       NO

4. WHAT IS YOUR PRESENT OCCUPATION? \_\_\_\_\_

WHAT IS THE LOCATION OF YOUR WORK/SCHOOL? \_\_\_\_\_

HOW MANY DAYS A WEEK DO YOU GO THERE? \_\_\_\_\_

HOW DO YOU GET THERE? \_\_\_\_\_

HOW OFTEN DO YOU GO OUT?

- DAILY
- 2 – 3 TIMES A WEEK
- 4 – 5 TIMES A WEEK
- ONCE A WEEK
- LESS THAN ONCE A WEEK

FOR WHAT REASONS DO YOU GO OUT?

- WORK / SCHOOL
- MEDICAL APPOINTMENTS
- PHYSICAL THERAPY
- RELIGIOUS FUNCTIONS
- SHOPPING
- SOCIAL ACTIVITIES
- OTHER \_\_\_\_\_

5. PLEASE EXPLAIN THE PARTICULAR DIFFICULTY YOU HAVE WITH YOUR PRESENT PARKING SITUATION:

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I DO HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED HERE IS TRUE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

**CONSENT FORM**

***PARKING SPACE FOR PERSONS WITH DISABILITIES***

SPACE LOCATION: _____
DISABLED PERSON'S NAME: _____

NEIGHBOR'S NAME: \_\_\_\_\_  
(PRINT)

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
(SIGNATURE SHALL BE VERIFIED BY PHONE)

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_



**PROXIMITY TO REQUESTED SPACE LOCATION:  
(PLEASE CHECK APPROPRIATE SPACE BELOW)**

- I LIVE ADJACENT TO \_\_\_\_\_
- I LIVE ACROSS FROM \_\_\_\_\_
- I LIVE IN THE SAME MULTIPLE DWELLING \_\_\_\_\_
- I AM THE LANDLORD \_\_\_\_\_

I, \_\_\_\_\_ AGREE AND HAVE NO OJECTIONS REGARDING THE  
PROPOSED HANDICAP PARKING SPACE REQUESTED AT LOCATION SPECIFIED ABOVE.

**CONSENT FORM**

***PARKING SPACE FOR PERSONS WITH DISABILITIES***

SPACE LOCATION: _____
DISABLED PERSON'S NAME: _____

NEIGHBOR'S NAME: \_\_\_\_\_  
(PRINT)

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
(SIGNATURE SHALL BE VERIFIED BY PHONE)

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_



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DISABLED PERSON'S NAME: _____

NEIGHBOR'S NAME: \_\_\_\_\_  
(PRINT)

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
(SIGNATURE SHALL BE VERIFIED BY PHONE)

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