

**City of Minneapolis
Public Works Department
Traffic and Parking Services
300 Border Avenue
Minneapolis, MN 55405**

COMMERCIAL REQUEST FOR ON-STREET DISABILITY ZONE

DISABILITY TRANSFER ZONE: Disability Transfer Signs are installed for commercial businesses or institutions, in front of their property, IF they, or their employees, or patrons, possess a current Disability Plate or Disability Certificate (Hanging Tag). The Transfer Zone may only be used while actively loading (picking up) or unloading (dropping off) the disability person and their equipment or personal items into or out of the property. The space cannot be used by ANYONE as a parking space, regardless of whether they have disability license plates or a disability certificate. (Ordinance 478.840). Transfer zones must meet the City Disability Parking Policy standards.

DISABILITY PARKING ZONE: Disability Parking Signs are installed for commercial businesses or institutions, in front of their property, IF they, or their employees, or patrons, have current Disability Plates or a Disability Certificate (Hanging Tag). The Disability Parking zone is not exclusively for use by the property owner. Anyone having a vehicle with Disability License Plates or displaying a Disability Certificate (Hanging Tag) may park in the signed space. Parking zones must meet with City Disability Parking Policy standards.

COMMERCIAL PROPERTY INFORMATION

BUSINESS OR INSTITUTION TYPE:			
BUSINESS OR INSTITUTION NAME:			
BUSINESS OR INSTITUTION ADDRESS:			
CONTACT PERSON'S NAME:		TITLE:	
CONTACT PERSON'S PHONE NUMBER:			

PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME:			
PROPERTY OWNER SIGNATURE:			

TYPE OF DISABILITY ZONE BEING REQUESTED

<input type="checkbox"/> DISABILITY TRANSFER ZONE	<input type="checkbox"/> DISABILITY PARKING ZONE
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DISABILITY CERTIFICATE OR DISABILITY LICENSE PLATE INFORMATION

DISABILITY CERTIFICATE NUMBER:	DISABILITY LICENSE PLATE NUMBER:
EXPIRATION DATE:	EXPIRATION DATE:

SIGNATURE:	DATE:
(Signature of person with disability, or their representative, parent or legal guardian)	

NOTE: PROPERTY OWNER; WHETHER APPLYING ON BEHALF OF SELF, EMPLOYEE, OR PATRON IS RESPONSIBLE FOR NOTIFYING THIS OFFICE, IN WRITING, IF AND WHEN THE DISABILITY SPACE IS NO LONGER NEEDED

REQUEST FOR A DISABILITY ZONE

Your answers to these questions will help us to best meet your needs with regard to disability parking/transfer zones.

Who needs this space? Employees Customers Patrons Other _____

Do you have off-street parking? Yes___ No___

Are you aware of available off-street parking (lot or ramp) nearby? Yes___ No___

Are you aware of other disability zones nearby? Yes___ No___

What is your principal need? (check one)

___ clear access to and from the street

___ curb space for pick-up and drop-off

___ curb space for parking a vehicle

How often would this space be used? (example – once a month) _____

When do you need this space? Morning Afternoon Evening Overnight

What size vehicle would be using this zone?

Automobile Van Various Other, specific _____

Can expected users parallel park their vehicle in a typical 22-foot metered parking space? Yes___ No___

Additional comments: _____

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