



Department of Public Works – Engineering & Traffic Division

Handicap Parking Application Guidelines & Requirements

To obtain a handicap parking space, please observe the following guidelines and requirements:

- The applicant **must** provide a complete handicapped parking application and the list of items below:
 - **A copy of the DMV Vehicle Registration**
 - **A copy of a current valid driver's license**
 - **Proof of residency (Ex: Utility bill with name and address or tax bill)**
 - **Copy of current handicapped DMV placard (if applicable)**
- Once the above information has been received, the need for a handicapped space will be determined based on available on-street parking and the existence of a driveway.
- There will only be one handicapped parking space per City block—it is not necessarily for the exclusive use of the applicant in that the handicapped space can be used by any individual who has a handicapped license or placard.
- All handicapped parking zones shall be set up on a twenty-four (24) hour a day basis with no exceptions.
- Upon approval by the City Manager, signs and markings will be installed within a reasonable time frame to designate the handicapped parking space.

Please complete the attached application and return **with the information requested above** to

City of Lynchburg, Public Works
Engineering and Traffic Division
900 Church Street
Lynchburg, VA 24504

All applications must include all of the above requested information in order to be considered.

For additional questions or concerns, please call (434) 455.3950.



City of Lynchburg Handicap Parking Application

A. APPLICATION INFORMATION

Full Legal Name: _____
LAST FIRST M.I.
Driver's License or Social Security No.: _____
Street Address: _____
City: _____ State _____ Zip _____
Daytime Phone: _____ Evening Phone: _____

B. VEHICLE INFORMATION

Plate Number: _____ Title Number: _____
Vehicle Make & Model: _____ Model Year: _____
Vehicle ID No. (VIN): _____
(Note: vehicles with model year 1980 and newer must have 17 digits)

Check any that apply:

- There are two or more vehicles
 I am the vehicle owner and the parent/legal guardian of a disabled dependent.

If either box is checked, print the name of each disabled person:

C. PLATE/PLACARD INFORMATION

Check one of the following:

- Handicap Parking Placard Number: _____
 Handicap License Plate
 Disabled Veteran Plate

Date Issued: _____ State Issued: _____ Expiration: _____

D. AFFIRMATION AND SIGNATURE

I hereby knowingly certify under penalty of fraud and /or perjury that I have a (check one: permanent temporary) disability that limits or impairs my ability to walk, or creates a safety concern while walking, and that all the information I have provided is true. I certify that I am a resident of the City of Lynchburg at the street address listed above. I understand that this handicap parking space will be available to anyone who legally displays a handicap placard, license plate or Disabled Veteran (DV) plate. I will notify Traffic Engineering at 900 Church Street, Lynchburg, VA 24504 (434) 455-3950, if I move to a different address, or my situation changes to where I know longer need a handicap vehicle designation.

PRINT NAME: _____

SIGNATURE: _____ Date: _____