



APPLICATION FOR PARKING PERMITS FOR PHYSICALLY DISABLED PERSONS

Department of Central Services
1801 Kentucky Street
Michigan City, Indiana 46360
(219) 873-1500

This application form requests information which will be used to determine your eligibility for issuance of a permit. Failure to provide the information will result in a denial of the permit. If space is insufficient, please attach additional sheets.

INSTRUCTIONS TO APPLICANT: The applicant must deliver a completed application to the Department of Central Services at 1801 Kentucky Street, Michigan City, Indiana accompanied by all items required by this application. The application may be delivered in person, U.S. mail, or by facsimile at 219-873-1565. Once the application is complete, the Department of Central Services shall, within a reasonable time and no later than 30 days from receipt of a fully completed application, grant or deny the permit so applied for, subject to the following conditions:

1. No applicant shall be granted a permit for more than one (1) reserved space adjacent to or directly across the street from his place of residence.
2. No applicant who has access to parking on their residential property or off-street parking at his place of residence shall be granted a permit, with the exception that the Department of Central Services may, in its discretion, grant a permit to an applicant who is able to demonstrate that the location of such off-street parking renders it unduly burdensome for him to utilize the same.
3. Each permit granted shall be assigned an identification number.

If the application is approved, the Department of Central Services will issue to the applicant a reserved space permit with an identification number and install a sign restricting use of the space to the permit holder only, which sign shall show thereon the holder’s permit number. If a permit is denied, the Department of Central Services will provide written notice to applicant. Within 30 days after a permit has been denied by the Department of Central Services, the applicant may appeal to the Board of Public Works and Safety by filing a written request with the Board that it review the denial of the permit. The decision of the Board of Public Works & Safety is a final decision.

APPLICANT INFORMATION

Name: [Click here to enter text.](#)
E-mail: [Click here to enter text.](#)
Address: [Click here to enter text.](#)
City: [Click here to enter text.](#) State: [Click here to enter text.](#) Zip Code: [Click here to enter text.](#)
Phone Number: [Click here to enter text.](#)
Date of Birth: [Click here to enter text.](#)
Driver’s License Number: [Click here to enter text.](#) State Issuing License: [Click here to enter text.](#)

PLEASE PROVIDE DOCUMENTATION WHICH INCLUDES VEHICLE REGISTRATION
AND CHECK BELOW WHICH APPLIES TO THE APPLICANT

- I have been issued a disabled person placard for a permanent disability I.C. 9-14-5
- I have been issued a disabled person license place I.C. 9-18-22
- I have been issued a disabled veteran license plate I.C. 9-18-22

Year/Make/Model	VIN Number	License Plate Number (State)
Click here to enter text.	Click here to enter text.	Click here to enter text.

Will the applicant be seeking parking space across the street from his place of residence? Yes No

If yes, please state the name(s) and address(es) of the legal owners of the property:

[Click here to enter text.](#)

Has applicant been able to secure consent from the legal owner of the real estate in front of which the applicants parking space will be located? Yes No

If yes, the legal owners must provide their consent in writing and the consent must be attached to this application. If no, provide the following information:

Name of Legal Owner of Property in front of which applicant is requesting a parking space:

[Click here to enter text.](#)

Address of said property: [Click here to enter text.](#)

The Department shall refer the application to the Clerk's Office, who shall provide the legal owner with at least ten (10) days' notice that this matter will appear for consideration by the Board of Public Works & Safety.

ATTACHMENTS TO THIS APPLICATION (please check if information is attached)

- Copy of Applicant's Vehicle Registration.
- Copy of placard permanent disability placard issued pursuant to I.C. 9-14-5
- Written consent from the legal owner of the real estate in front of which the applicants parking space will be located if applicable.

Date: _____

Signature: _____

<u>FOR OFFICE USE ONLY</u>	
Date Permit Approved by Department _____	
Date Permit Denied by Department _____	
Reason Denied _____	
Date Permit to Expire from Date of Approval _____	
Permit Identification Number _____	
Date of Sign Installation _____	
Did Applicant Provide Proof of Vehicle Registration? <input type="checkbox"/> Yes <input type="checkbox"/> No	
License Plate Number _____	Expiration _____
Driver's License Number _____	Expiration _____