

ED GAINNEY  
MAYOR



KIMBERLY LUCAS  
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CITY OF PITTSBURGH  
**DEPARTMENT OF MOBILITY & INFRASTRUCTURE**  
CITY-COUNTY BUILDING

**INSTRUCTIONS FOR APPLYING  
FOR RESIDENTIAL ON-STREET PARKING FOR PEOPLE WITH DISABILITIES**

To apply for a residential on-street parking space for people with disabilities, please follow these instructions. For further information, please see the full policy for requirements.

1. Complete the **Application for Residential On-Street Parking with People with Disabilities**. For the purposes of this application, “Applicant” and “you” refer to the person with a disability who is requesting a residential on-street parking space.

All information must be printed clearly, and all questions must be completely answered.

2. Provide a copy of the following required documents. Do not send original documents. Make sure to include all required supporting documentation. Incomplete applications will not be processed.
  - a. Valid vehicle registration in your name or in the name of your primary live-in caregiver who resides full-time at the address on the application.
  - b. Valid Persons with Disability Registration Plate (PD or SDV), a Permanent Persons with Disability Placard, or a Severely Disabled Veteran Placard.
  - c. If you request a space in a Residential Parking Permit area, then you must provide proof of having the appropriate Residential Parking Permit from the Pittsburgh Parking Authority.

3. Mail application and supporting documentation to:

Traffic Operations  
Department of Mobility and Infrastructure  
City of Pittsburgh  
414 Grant Street, Room 301  
Pittsburgh, PA 15219

The process of reviewing the application, conducting a field investigation, and arranging for sign installation typically takes 1 to 3 months. If your application is denied, you will receive a letter from DOMI explaining why your request was denied.

***Please note:*** False statements will result in the denial of the application or the revocation of a parking space if discovered after an application has been accepted



APPLICATION FOR RESIDENTIAL ON-STREET PARKING FOR PEOPLE WITH DISABILITIES

Application Date: \_\_\_\_\_ Application Type (circle one):    New    Renewal

**I.     Applicant Information**

Last Name:	First Name:
Phone:	Email:

Do you have an unexpired permanent disability parking placard or license plate?     Yes     No

*You must provide documentation verifying that you have an unexpired permanent disability parking placard or a disability license plate. This may include, but is not limited to, a copy or photo of your placard or plate, or documentation from your state's Department of Transportation.*

Have you included the verification documents with your application?     Yes     No

**II.     Housing Information**

Street Address:	Zip Code:
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Do you reside at this address full-time, year-round?     Yes     No

Do you rent or own (circle one):            Rent    Own

**III.     Vehicle Information**

Does the registered owner of the vehicle reside at the address of the application?     Yes     No

Vehicle Make: \_\_\_\_\_            Vehicle Model: \_\_\_\_\_

Unexpired Persons with Disabilities license plate number:            PD: \_\_\_\_\_

SDV: \_\_\_\_\_

Unexpired Permanent Persons with Disabilities            Placard number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

*Make sure to include a copy of the vehicle registration associated with this vehicle. The registration must be in your name or in the name of your primary live-in caregiver who resides full-time at the address on this application, and the address on the registration must match the one given on this application. If the vehicle is registered to a different address or name, you must provide proof of residency. This may include, but is not limited to, a copy or photo of your lease agreement, and/or a current utility bill. Please review DOMI's Policy for Residential On-Street Parking for People with Disabilities for a full list of acceptable documents.*

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#### **IV. Site Information**

Location of space requested: \_\_\_\_\_

*Note: DOMI will endeavor to install the space as close to your residence as possible but cannot guarantee that the space will be directly adjacent to your house.*

Do you have a garage or other off-street parking available to you? \_\_\_ Yes \_\_\_ No

*Note: DOMI staff may conduct a site visit to verify this information.*

*If you have a garage or other off-street parking, you may still be eligible for a disability parking permit if your off-street parking is not accessible to you because of your disability. In such a case, you must provide a signed verification from your treating physician or other medical provider identifying why you cannot use the off-street parking.*

If you reside in a Residential Parking Permit Area, do you have the necessary Residential Parking Permit from the Pittsburgh Parking Authority? \_\_\_ Yes \_\_\_ No

*If you have requested a space not adjacent to your house, please make sure to include the Certified Mail receipt(s) proving that you sent a copy of the Notice to Adjacent Property Owner to the property owner(s) whose property borders the requested space. You also can deliver the form to the property owner(s) and ask them to sign acknowledging that they have received and read the notice. In these cases, please make sure to include these signed forms with your application.*



**Residential On-Street Parking for People with Disabilities**

**Attachment I**

**NOTICE TO ADJACENT PROPERTY OWNER**

This notice is to inform you that I, (print name) \_\_\_\_\_, have applied to the City of Pittsburgh's Department of Mobility and Infrastructure (DOMI) for a Residential On-Street Parking Space for People with Disabilities.

If my application is approved, DOMI will designate a parking space in the street as close to my house as possible. Please know that there is a possibility that the most feasible parking space will be in front of your property.

To mark the space, DOMI will install a sign on the sidewalk at one end of the space and paint the curb blue.

I acknowledge that this residential on-street parking space is not for my exclusive use and may be used by anyone with a valid disabled license plate or placard.

If you have any questions about the process, please contact DOMI's Traffic Division at (412) 255-2793

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*For those receiving this directly from the applicant and not through Certified Mail, please sign and return this form to the applicant for inclusion in his or her application.*

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I, (print name) \_\_\_\_\_, acknowledge that I have received and read this notification regarding my neighbor's request to DOMI for a designated on-street parking space for people with disabilities.

Adjacent Property Owner's Signature: \_\_\_\_\_