

**City of St. Louis - Office on the Disabled**  
**Residential Disabled Parking Space Permit Program**

**Introduction**

Any individual, parent of a child with an eligible disability, or a family member residing full time with an eligible person and who otherwise meets the criteria listed below may apply for a Residential Disabled Parking Space Permit for the residence of the disabled individual.

**Eligibility & Application**

Each participant must:

1. Have or be the parent or family member of an individual who has one of the disabilities listed on the application for a residential disabled parking space permit;
2. Be the participant or parent or family member who lives full time with the individual who has the disability;
3. Have a vehicle registered to the address where the residential disabled parking space is to be designated;
4. Have a valid Missouri placard or license plate for people with disabilities or a Disabled Veteran's license plate in the participant's name;
5. Park the vehicle at the residential disabled parking space at least five days or nights of the week;
6. Provide a Certification of Disability signed by a primary health care provider or other physician.
7. **Not have off-street parking (like a garage, driveway or carport) or provide your health care provider's explanation why it is impractical for the participant to use that parking. (Note: A garage at the residence that is less than 15 feet long or with a garage door opening that is less than 9 feet wide is not considered off-street parking.)**

**The Following Forms Must Be Provided With The Completed Application:**

- Ø **License plate registration. Must be registered to your current address where you are requesting signs be placed.**
- Ø **Current disabled placard receipt OR current disabled license plate registration from the Missouri Department of Revenue.**

The Office on the Disabled reserves the right to decide whether to grant an application depending on circumstances in the affected area, even if the application is otherwise complete. Circumstances at the residence, such as, for example, no parking on that side of the street or items such as driveways, fire hydrants, proximity to stop signs or crosswalks may make designating a residential parking space at the specified location impossible or impractical.

After the application is verified and processed, the Street Inspector will check out the location for your space. If approved, signs will be installed. Space holders will be sent a set of permits to put on their vehicle.

Note: Only the vehicle with the permits and placard/license plate may park in this space. If another vehicle uses this space, the illegally parked vehicle may receive a ticket with a fine of \$50.00 to \$200.00.

Please call the non emergency line at 314-231-1212 to report illegal vehicles in a space. Space holders may not park in the designated space when such is prohibited by such things as street cleaning schedules, no parking signs, snow route or emergency evacuation rules issued by the Police or Fire Department, etc. If holders of the permits do not follow the rules of the program, the Office will revoke the permit and remove the signs designating the parking space for the disabled.

**Appeal**

Any person who has been denied a Residential Disabled Parking Space Permit may appeal in writing to the Office on the Disabled which will, in turn, forward the appeal to a special panel of the Advisory Council on the Disabled within two weeks. The special panel of the Advisory Council shall have final authority to grant or deny the appeal.

Contact: Office on the Disabled/City Hall/1200 Market St. Room 30/St. Louis, MO 63103  
Phone: 314-622-3686 / Fax: 314-622-4019 / TTY: 314-622-3693



## Residential Disabled Parking Space Application

1. **Name of Applicant** \_\_\_\_\_  
(Applicant must be the person with a disability. Only one applicant per household is permitted)
  
2. **Street Address** \_\_\_\_\_  
(Address on registration must be the same as the address on this application)
  
3. **Zip Code** \_\_\_\_\_ **Telephone** \_\_\_\_\_
  
4. **Disabled License Plate Number** \_\_\_\_\_  
(Attach copy of current disabled license plate registration if applicable)
  
5. **Regular License Plate Number** \_\_\_\_\_  
(Attach copy of current license plate registration)
  
6. **Disabled Placard Number** \_\_\_\_\_  
(Attach copy of current disabled placard receipt-not the actual placard)
  
7. **Year, Make & Model of Car** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

See other side for Physician's Statement

Please mail completed form to:

Office on the Disabled, City Hall Room 30, St. Louis Missouri 63103

## Residential Disabled Parking Space Application

### **Certification Of Disability: To be Completed by a Licensed Physician**

**To the Health Care Provider:** please check any and all disabilities that apply to the applicant. Only the permanent disabilities listed are eligible. Only one applicant per household is permitted.

Patient's Name \_\_\_\_\_

Patient's Address \_\_\_\_\_

\_\_\_\_ Uses Wheelchair

\_\_\_\_ Uses Leg Brace(s)

\_\_\_\_ Uses Cane(s)

\_\_\_\_ Uses Walker

\_\_\_\_ Uses Crutch(s)

\_\_\_\_ Has Cerebral Palsy

\_\_\_\_ Cardiac Impairment

\_\_\_\_ Alzheimer's Disease

\_\_\_\_ Stroke

\_\_\_\_ Blindness

\_\_\_\_ Otherwise has a physical disability (other than hearing impairment) within the meaning of the Americans with Disabilities Act and having the following characteristics:

\_\_\_\_ Has Muscular Dystrophy

\_\_\_\_ Has Multiple Sclerosis

\_\_\_\_ Has Rheumatoid Arthritis

\_\_\_\_ Has Degenerative Arthritis

\_\_\_\_ Has Osteoarthritis

\_\_\_\_ 1/Both Legs Amputated

\_\_\_\_ Pulmonary Impairment

\_\_\_\_ Has Spinal Bifida

\_\_\_\_ Amyotrophic Lateral Sclerosis

Primary Health Care Provider or Physician's Name (PLEASE TYPE OR PRINT BELOW)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Missouri License Type and Number

\_\_\_\_\_  
Date Issued

I hereby certify that the above applicant is permanently disabled, and that I am legally licensed to practice medicine in the State of Missouri.

\_\_\_\_\_  
Signature of Health Care Provider or Other Physician

\_\_\_\_\_  
Date

**\*If patient has off-street parking, please note why they require on-street accessible parking\***

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