



**City of Commerce**  
**Public Works & Development Services Department**

**Application for On-Street Physically Challenged Accessible Parking Space (Blue Curb)**

**Applicant Information (Holder of a California Disabled Person Parking Placard):**

**Name:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** Commerce **Zip Code:** 90040  
**E-mail Address:** \_\_\_\_\_

**Representative for the applicant (usually a family member):**

**Name:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_

Accessible Parking Space (Blue Curb) Address: \_\_\_\_\_, Commerce, CA 90040

**NOTE:** If the Blue Curb location is not in front of the applicant's residence, but at a neighboring residence, then the attached Application Addendum **must** be completed.

Are you the property owner or tenant of the residence in which the proposed blue curb will be placed?

☐ Property Owner    ☐ Tenant

**NOTE:** If the applicant is a tenant, then the property owner **must** be notified by completing the attached Application Addendum.

Who is the parking space for?: ☐ Applicant (Self) ☐ Child (name): \_\_\_\_\_

Check all that apply: ☐ Parent (name): \_\_\_\_\_

Vehicle License Number: \_\_\_\_\_ (**Note:** Only if Vehicle has a Disabled Person's License Plate)

Valid Disabled Person's Placard Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Identification Provided: ☐ Resident Activity Card  
(Current & Valid) ☐ California Driver's License    or    ☐ California I.D. Card

Why do you need an on-street physically challenged accessible parking? (Check all that apply):

☐ Medical Condition    ☐ Wheelchair Bound    ☐ Cannot walk far (or limited mobility)

☐ Must use cane or walker    ☐ Other (please explain): \_\_\_\_\_

Do you currently drive? ☐ Yes    ☐ No

Number of vehicles in household or at this address: \_\_\_\_\_ Operating    \_\_\_\_\_ Non-operating (or stored)

Number of available parking spaces on property: \_\_\_\_\_ Garage    \_\_\_\_\_ In driveway/Carport



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Please answer the following questions to help us determine feasibility of your request:

1. Can your driveway be used for access by the physically challenged person's vehicle?

☐ Yes

☐ No

If not, why? \_\_\_\_\_

2. Is there an existing on-street physically challenged accessible parking space in close proximity that you can use? If so, where is it located?

☐ Yes

☐ No

If so, please give location: \_\_\_\_\_

Address

3. Is there any other information you would like to provide?

\_\_\_\_\_

**NOTE:** The neighbors around the applicant **must** be notified that a new blue curb may be placed at the applicant's residence. Please have five (5) of the applicant's neighbors fill out the attached petition. If the applicant lives in an area where there are less than 5 neighbors, please note that on the petition. **IMPORTANT:** All the neighbors filling out the petition must live in the same block as the applicant.

\* \* \* \* \*

I certify that the answers to the questions contained in this Application Form are true and correct to the best of my knowledge and that I have read and understand the Policies and Procedures for On-Street Physically Challenged Accessible Parking Spaces.

An on-street physically challenged accessible parking space is available for use by anyone possessing a valid Disabled Person's placard and/or Disabled Person's license plate issued by the California Department of Motor Vehicles (DMV), and is not a reserved parking space for the applicant.

Applicant's or Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REVISED: 10/2017

**Petition for On-Street Physically Accessible Parking Space (Blue Curb)**

Requestor: \_\_\_\_\_ Blue Curb Location: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Petition signers **MUST** (1) be neighboring residents, (2) live on the same block as the applicant, and (3) **NOT** be family members who live at the applicant's residence. Minimum requirement: at least 5 neighbors need to sign. If there are not 5, please note that on this petition.

Print Name	Signature	Address	Date	Phone No.	E-mail Address

**NOTE TO PETITION SIGNERS:** The above requestor is applying to the City of Commerce for a Blue Curb parking space at the above location. If you **approve**, please fill out the above information. If you **disapprove**, you may contact the City of Commerce for more information by calling (323) 722-4805, ext. 4451.

**Field Investigation (Office Use ONLY – Do NOT fill out)**

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

Driveway Measurements: \_\_\_\_\_

Field Observations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

**Traffic Commission Action (Office Use ONLY – Do NOT fill out)**

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

\_\_\_\_\_  
\_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**"ATTACHMENT 2"**



**City of Commerce**  
**Public Works & Development Services Department**

**Application ADDENDUM for On-Street Physically Challenged Accessible Parking Space (Blue Curb)**

**Please fill out this Application Addendum if you are a TENANT at your residence and NOT the property owner:**

**Applicant Information (Holder of a California Disabled Person Parking Placard):**

**Name:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** Commerce **Zip Code:** 90040  
**E-mail Address:** \_\_\_\_\_

**Property Owner's Information:**

**Name:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_

Accessible Parking Space (Blue Curb) Address: \_\_\_\_\_, Commerce, CA 90040

\* \* \* \* \*

***To be filled out by the property owner only:***

**NOTE TO THE PROPERTY OWNER:**

The applicant above has applied to the City of Commerce to install an on-street physically challenged parking space (Blue Curb) in front of the residence located above.

Please acknowledge this blue curb parking space by signing and dating below. If you object to this, please contact the Public Works & Development Services Department of the City of Commerce by calling (323) 722-4805, ext. 4451. A City representative can explain to you the details and provide you a copy of the Blue Curb Parking Policy.

\* \* \* \* \*

An on-street physically challenged accessible parking space is available for use by anyone possessing a valid Disabled Person's placard and/or Disabled Person's license plate issued by the California Department of Motor Vehicles (DMV), and is not a reserved parking space for the applicant.

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



**City of Commerce**  
**Public Works & Development Services Department**

**Application ADDENDUM for On-Street Physically Challenged Accessible Parking Space (Blue Curb)**

**Please fill out this Application Addendum if you are intending to install the Blue Curb parking space at your neighbor's residence.**

**Applicant Information (Holder of a California Disabled Person Parking Placard):**

**Name:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** Commerce **Zip Code:** 90040  
**E-mail Address:** \_\_\_\_\_

**Neighboring Property Owner's Information:**

**Name:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_

Accessible Parking Space (Blue Curb) Address: \_\_\_\_\_, Commerce, CA 90040

\* \* \* \* \*

***To be filled out by the neighboring property owner only:***

**NOTE TO THE NEIGHBORING PROPERTY OWNER:**

The applicant above has applied to the City of Commerce to install an on-street physically challenged parking space (Blue Curb) in front of your residence located above, due to space restrictions on the applicant's property.

If you **APPROVE**, Please acknowledge this blue curb parking space by signing and dating below.

If you **DISAPPROVE**, please contact the Public Works & Development Services Department of the City of Commerce by calling (323) 722-4805, ext. 4451. A City representative can explain to you the details and provide you a copy of the Blue Curb Parking Policy. Should you still object, please note it below and then sign and date this form. In that event, a Blue Curb parking space will NOT be installed in front of your property.

As the neighboring property owner to the applicant, I \_\_\_\_\_  
Print Name

☐ **APPROVE**      ☐ **DISAAPROVE**

the installation of the Blue Curb in front of my property.

Neighboring Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REVISED: 10/2017

**"ATTACHMENT 2"**



**City of Commerce**  
**Public Works & Development Services Department**

**Annual Re-Application for On-Street Physically Challenged Accessible Parking Space**

**Applicant Information (Holder of a California Disabled Person Parking Placard):**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ City: Commerce Zip Code: 90040  
E-mail Address: \_\_\_\_\_

**Representative for the applicant (usually a family member):**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Who is the parking space for?: ☐ Applicant (Self) ☐ Child (name): \_\_\_\_\_  
Check all that apply: ☐ Parent (name): \_\_\_\_\_

Existing Accessible Parking Space (Blue Curb) Location: \_\_\_\_\_

Vehicle License Number: \_\_\_\_\_ (Note: Only if Vehicle has a Disabled Person's License Plate)  
Valid Disabled Person's Placard Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Identification Provided: ☐ Resident Activity Card  
(Current & Valid) ☐ California Driver's License or ☐ California I.D. Card

Reason for continuing to keep On-Street Physically Challenged Accessible Parking Space (Blue Curb):  
Check all that apply:

☐ Medical Condition ☐ Wheelchair Bound ☐ Must use cane or walker  
☐ Cannot walk far (or limited mobility) ☐ Other (please explain): \_\_\_\_\_

Number of vehicles in household or at this address: \_\_\_\_\_ Operating  
\_\_\_\_\_ Non-operating (or stored)

Number of available parking spaces on property: \_\_\_\_\_ In driveway/Carport  
\_\_\_\_\_ Garage

\* \* \* \* \*

I certify that the answers to the questions contained in this Re-application Form are true and correct to the best of my knowledge and that I have read and understand the Policies and Procedures for On-Street Physically Challenged Accessible Parking Space.

An on-street physically challenged accessible parking space is available for use by anyone possessing a valid Disabled Person's placard and/or Disabled Person's license plate issued by the DMV, and in not a reserved parking space for the applicant.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**City of Commerce  
Public Works & Development Services Department**

**Removal of On-Street Physically Challenged Accessible Parking Space**

**Name of Person (requesting removal of parking space):** \_\_\_\_\_

**Relationship to Current Applicant:** ☐ Spouse ☐ Other family member ☐ No relationship

**Applicant's Name (person that originally requested the parking space):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Existing Location of Blue Curb Accessible Parking Space)

**City:** Commerce **Zip Code:** 90040

**Telephone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

Identification Provided: ☐ Resident Activity Card  
(Current & Valid)

☐ California Driver's License or ☐ California I.D. Card

Reason for requesting the removal of the existing On-Street Physically Challenged Accessible Parking Space? Check all that apply:

☐ Person deceased ☐ Person moved ☐ No longer needed

☐ Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

I certify that the answers to the questions contained in this Application Form are true and correct to the best of my knowledge and that I have read and understand the Policies and Procedures for On-Street Physically Challenged Accessible Parking Space.

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_