



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: Jeremiah Valencia (SON)
Mary Valentino (Mother) Phone No.: [REDACTED]
Address: 1516 S. McBride Ave City: Commerce Zip Code: 90040
E-mail Address: _____ 90022

Representative for the applicant (usually a family member):

Name: Rafaela Valencia Phone No.: [REDACTED]
Address: 1516 S. McBride Ave City: Commerce Zip Code: 90040
E-mail Address: [REDACTED] 90022

Accessible Parking Space (Blue Curb) Address: 1516 S. McBride Ave, 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) ☒ ^{Adult} Child (name): Jeremiah Valencia
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: [REDACTED] Expiration Date: [REDACTED]

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: [REDACTED] Operating [REDACTED] Non-operating (or stored)

Number of available parking spaces on property: [REDACTED] Garage [REDACTED] 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? It blocks the rear house's access to their parking which is the driveway
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?

The owners who live in the rear home use the driveway & are constantly in & out of property. They have 3 vehicles on the property (Driveway)

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: _____

Mary Kate
Juanita Valenzuela

Date: _____

4/25/18
3/2/18

REVISED: 10/11/2017

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

Requestor: Mary Valentino Blue Curb Location: 1516 S. McBride Ave Date: 4/25/18
Jeretiah Valencia

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
Alfredo Alejandro		1524 S. McBride Ave	4/25/18	[REDACTED]	
Antonia Bada Joz		1519 S. McBride Ave	4-27-18	[REDACTED]	
Manuel Morales		1517 S. McBride Ave	4-27-18	[REDACTED]	
Flora Gonzales		1527 S. McBride Ave	4-30-18	[REDACTED]	
Marisol Calderon		1527 S. McBride Ave	4-30-18	[REDACTED]	

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: 5-7-18

Investigator: Hector Orzco / Seung Yang

Driveway Measurements: 12' width plenty of room in driveway

Field Observations: Duplex and each duplex has 2 car garage. Also have parking on driveway
It appears one of the two cars is inoperable because of spider webs @ base and under car.

Recommendations: Deny Overturned → APPROVED. 3/15/2019

Justification: ① Current driveway can't be used due to other tenants' use; ② Driveway can't be widened further; ③ No other blue curb parking spaces on this block; and ④ Adequate on-street parking is available.

Signature:

Date: 5-7-18 3/15/19

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

Meeting Date: _____

Action Taken: _____

Comments: _____

ATTACHMENT 1



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: Mary Valentino Phone No.: [REDACTED]

Address: 1516 S. McBride Ave City: Commerce Zip Code: 90040

E-mail Address: _____

Property Owner's Information:

Name: Robert A. Valentino Phone No.: [REDACTED]

Address: 1518 S. McBride Ave City: Commerce Zip Code: 90040

E-mail Address: _____

Accessible Parking Space (Blue Curb) Address: 1516 S. McBride Ave, 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: Robert A. Valentino Date: 4-23-19

REVISED: 10/11/2017

ATTACHMENT 1

MARTHA GOMEZ

From: Victor Ordoñez
Sent: Wednesday, May 16, 2018 7:51 AM
To: MARTHA GOMEZ
Subject: Handicap sign McBride



Sent from my iPhone

ATTACHMENT 1