



ACCESSIBLE PARKING
APPLICATION

Date: ____ / ____ / 20 ____

Address of sign placement: _____

Name of resident with a disability: _____

Phone: _____

Email: _____

West Virginia State accessible parking permit number: _____

VEHICLE INFORMATION	
Make: _____	Model: _____
Color: _____	Plate Number: _____

Rules and Regulations:

- On-street accessible parking signs will not be posted if off-street parking such as a driveway, carport, or garage is available at the residence.
- A maximum of one (1) accessible parking space will be posted at a residence.
- Accessible parking is NOT limited to the resident requesting the signage

I have read and understand the rules and regulations: _____

Signature of Applicant

OFFICE USE ONLY		
Is off-street parking available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accessible parking approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments: _____		

