



PLEASE PRINT

PRK-1000

Department of Planning, Engineering, & Regulatory Services

**ACCESSIBLE PARKING SPACE PERMIT**

CONTACT INFORMATION (to be completed by the applicant):

**SECTION 1**

Applicant Name: \_\_\_\_\_ Service NL Accessible Parking Permit No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

\_\_\_\_\_ Vehicle Plate No.: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Wheelchair User:  Yes  No

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Street Address: \_\_\_\_\_

*(Location for which permit is required)*

PLEASE NOTE

**SECTION 2**

To qualify for an accessible parking space permit, the following conditions must be satisfied by the Applicant:

1. Must submit proof of valid Accessible Parking permit issued by Service NL, Motor Registration Division.
2. Must have sufficient space along the frontage of the applicant's property to accommodate vehicle.
3. Must have a valid driver's license and have a vehicle registered to applicant's address or be a wheelchair user. Signage will only be installed for persons who drive themselves or for those persons who are unable to reach a vehicle unassisted.
4. Must not have accessible off-street parking available.
5. Must not have parking restrictions located in front of applicant's residence.
6. Must not pose a sight distance restriction or contradict the Highway Traffic Act, Rule or Regulations of the road.
7. Should an applicant disagree with the decision of staff with the denial of an applicant, they may appeal the decision to the Police and Traffic Committee.

**THIS APPLICATION MUST BE RENEWED YEARLY**

Please send completed form to:

City of St. John's  
 Access St. John's, First Floor City Hall  
 P.O. Box 908, 10 New Gower Street  
 St. John's NL A1C 5M2

For further information:

email: [service@stjohns.ca](mailto:service@stjohns.ca)  
 call: 3-1-1  
 where 3-1-1 is unavailable, call 709-754-CITY (2489)