



PRK-1000

**IMPAIRED MOBILITY
PARKING APPLICATION**

**ONSTREET DESIGNATED
IMPAIRED MOBILITY PERMIT
PARKING SPACE APPLICATION**

CONTACT INFORMATION (to be completed by the applicant):

SECTION 1

Applicant Name: _____

DIM Permit No: _____

Mailing Address: _____

Driver's License No: _____

Vehicle Plate No: _____

Postal Code _____

Wheelchair User: _____

Telephone: (Home) _____ (Work) _____

Street Address: _____

(Location for which permit is required)

PLEASE NOTE:

SECTION 2

To qualify for a Designated Impaired Mobility Permit Parking Space, the following conditions must be satisfied by the Applicant:

1. Show that he/she holds a valid permit number granted by the Motor Registration Division at Government Services and Lands.
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: 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
call: 3-1-1
Where 3-1-1 is unavailable, call 709-754-CITY (2489)