



City of Piqua Engineering Department - (937) 778-2044

RESERVED HANDICAP PARKING SPACE PERMIT APPLICATION

When is this permit required?

- This permit is required for the installation of a reserved parking space on a public street, alley, parking lot, or right-of-way for the parking, stopping and standing of motor vehicles displaying a parking card issued under R.C. § 4503.44 or is being operated by or for the transport of a handicapped person and is displaying the special license plates authorized by R.C. § 4503.44.

What will be reviewed?

- The proposed reserved handicap parking space location will be reviewed and the handicap person to be using the space will be interviewed to verify compliance with [Title VII: Traffic Code Chapter 76: Parking Regulations § 76.17](#). The Engineering Department will review all request and forward with a fact-finding report to the City Manger for final action. The City Manager may approve the request if the minimum criteria of the above referenced code section have been satisfied.

How do I apply for a Reserved Handicap Parking Space Permit?

- Upon submittal to the City of Piqua Engineering Department the Reserved Handicap Parking Space Permit request will be logged in. The applicant will typically receive notification from this office within 5-10 business days from the date of submittal regarding the permit status.
- To apply for a Reserved Handicap Parking Space Permit you must submit the required information to the:

City of Piqua Engineering Department
201 West Water Street
Piqua, Ohio 45356

Submittal Requirements

- The Reserved Handicap Parking Space Permit application included as part of this packet should be completed.
- A photocopy of the OBMV handicap-parking placard.

Inspections Required

The Engineering Department will field inspect the location of the proposed reserved handicap parking space and conduct an interview with the handicap person in their home to verify the conditions stated on the application.



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APPLICANT INFORMATION		TRACKING No:	-
Name of Handicap Person:			
Address of Handicap Person (Proposed Space):			
1.	Does the applicant have a valid handicap placard or license plate issued by the State of Ohio BMV? (If yes, please attach a photocopy).	Yes	No
2.	Does the applicant occupy the real property abutting the proposed handicap parking space?	Yes	No
3.	Does the applicant or an immediate member of their family own the motor vehicle using the proposed handicap parking space?	Yes	No
4.	Is the applicant severely handicap in that he or she has lost the use of one or both legs, one or both arms, is blind or deaf and cannot move about without the aid of crutches, walker or a wheelchair or similar equipment. (Circle all that apply)	Yes	No
5.	Does the applicant lack off-street parking in the immediate vicinity of the proposed handicap parking space?	Yes	No
Signature:		Date:	
Phone:			
PROPERTY OWNER			
Name(s):			
Address:			
City:	State:	Zip:	
***** ENGINEERING DEPARTMENT *****			
Field Inspection Conducted by: _____ Date: _____			
1. Will proposed handicap parking space(s) significantly impair parking for other residents in the immediate area? _____			
2. Is information supplied above confirmed? _____			
3. Do you recommend approval of request? _____			
4. Comments			
Application Approval recommended to the City Manager			
Name: _____		Date: _____	
Approved by City Manager: _____		Date: _____	

Copies to: ___ Applicant ___ Streets ___ File ___ Property Owner