



# CITY OF SOUTH BEND

## DEPARTMENT OF PUBLIC WORKS

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### HANDICAP PARKING APPLICATION INSTRUCTIONS

Dear Resident:

The City may install a limited number of handicap parking space signs in front of residential homes for those with a demonstrable need who meet certain criteria. Applications must be approved by the City's Board of Public Works. To apply, you will need to email the following documents to [lhensley@southbendin.gov](mailto:lhensley@southbendin.gov):

- A copy of your current, valid driver's license
- A current letter from your physician on his or her letterhead stating that you are disabled with a short statement of how your disability affects your mobility, information about any assistive device that is required for your mobility, and that you require a handicap accessible parking sign in front of your home.
- A photo of the front and rear entrance to your home, showing that there is **no other flat, unobstructed access to the front and/or rear of the home**, such as a driveway or alley access to a garage in the rear of your home.
- A **completed application form** (attached)

You may also **mail your documents** to the following address:

**City of South Bend Public Works Department  
227 W. Jefferson Blvd. Ste. 1316  
South Bend, IN 46601**

Please **call us at 574-235-9251** or **email us** with any questions. We are happy to assist you with this **contactless procedure** for your health, safety, and convenience.

Sincerely,  
/s/Anne Fuchs  
Clerk of the Board of Public Works



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Date: \_\_\_\_\_, 2021

Name: \_\_\_\_\_

Address: \_\_\_\_\_

South Bend, Indiana, (zip) \_\_\_\_\_

Please provide **all** of the following information:

Handicap Permit Number (Hang Tag) \_\_\_\_\_

Expiration Date \_\_\_\_\_

Year and Make of Car \_\_\_\_\_

License Plate Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Driver's License  
Expiration Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone Number \_\_\_\_\_

An assistive device is required for my mobility: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please select device: Wheelchair \_\_\_\_\_ Cane \_\_\_\_\_ Walker \_\_\_\_\_ Other \_\_\_\_\_

Attachments:

\_\_\_\_ Letter from Physician confirming my disability, identifying any assistive devices needed, and stating I require a handicap accessible parking space sign in front of my home.

\_\_\_\_ Photo of front and rear of home showing that there is no other flat, unobstructed access to the front and/or rear of the home.

\_\_\_\_ Copy of my Driver's License