



## HANDICAP ACCESSIBLE PARKING SPACE

City of South Bend – Board of Public Works

215 S. Dr. Martin Luther King, Jr. Blvd

Suite #400

South Bend, IN 46601

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.

### PROCESS

Once your application is received, it will be reviewed by City personnel and presented at a City of South Bend Board of Public Works meeting for approval. Once approved, the Streets Department will be instructed to install the sign. A renewal letter will be mailed to you every five (5) years to keep your Handicap Accessible Parking Sign.

Please be aware of the reasons Handicap Accessible Parking Signage may be denied:

- If there is a paved driveway with a paved path to the home (including sidewalk) that is in decent condition.
- If there is a garage with a paved path to the home (including sidewalk) that is in decent condition.
- If there is no parking allowed on the street.
- If the same applicant is applying for a second space. Only one is allowed per resident.  
*(There can be two spaces approved at one residence if there are two different applicants who have handicap permits, reside at that address, and if there is room for a double space).*
- If the applicant does not have a driver's license. City policy is to provide handicap parking spaces only for drivers who have medical proof of a handicap.
- If there are two handicap parking spots within a single block on the same side of the street [Ordinance Sec. 20-113.1(e)]. A City attorney will review these case by case to determine the outcome.

### APPLICATION CHECKLIST

Below is a checklist of items that need to be included with your submittal:

- ☐ Completed and signed Handicap Accessible Parking Sign Application (attached)
- ☐ 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 copy of your current, valid driver's license
- ☐ 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.

**Completed applications and doctor's letter should be mailed or dropped off to:**

City of South Bend – Board of Public Works

215 S. Dr. Martin Luther King, Jr. Blvd

Suite #400

South Bend, IN 46601

**QUESTIONS** The City of South Bend looks forward to working with you! If you have any questions, please call 574.235.9251 or email [PWengineering@southbendin.gov](mailto:PWengineering@southbendin.gov)



## HANDICAP ACCESSIBLE PARKING SPACE APPLICATION

City of South Bend – Board of Public Works

215 S. Dr. Martin Luther King, Jr. Blvd

Suite #400

South Bend, IN 46601

---

Date: \_\_\_\_\_

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