

Date Received: \_\_\_\_\_  
Munis # \_\_\_\_\_

*Urban Village by the Bay*

# ALBANY CALIFORNIA

## APPLICATION FORM Request for Blue Curb (Accessible Parking Space)

Please complete this application form, submit payment of application fee, and provide documentation of your permit to park in an accessible parking space to initiate City review of your application.

### Fee Schedule

<input type="checkbox"/> Initial application	\$ 0
Blue curb	0
Disabled parking sign	0
Disabled parking logo (if needed, as determined by City Staff)	0

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

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

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Briefly explain why you are requesting a blue curb adjacent to your property including why any on-site parking at your residence is inadequate. Provide any information that you consider relevant to your request, such as photos of the area in question.

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### Include with this application form:

- 1) Either a copy of state-issued disabled person parking placard or a photograph of state-issued disabled person license plate; and
- 2) A copy of vehicle registration document

If approved, the applicant will be required to: 1) pay for installation of the blue curb, sign and logo per City Master Fee Schedule, 2) provide documentation of continued permit to park in accessible parking space upon request by City staff, and 3) notify City staff when blue curb accessible space is no longer needed.

**NOTES:** Any vehicle with a state-issued disabled person parking placard or license plate is permitted to park in any blue curb accessible space. Approval of blue curb accessible parking space will lapse upon failure of applicant to provide documentation of continued need upon request by City staff.

**If you have questions, please contact the City Transportation Planner, (510) 528-5759.**

**FOR OFFICE USE ONLY**

Request Approved: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_

Notifications of Decision Mailed Date: \_\_\_\_\_

Notice Posted at Property Date: \_\_\_\_\_

Appeal Received: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_

**If Appealed:**

Transportation Commission Notifications Sent Date: \_\_\_\_\_

Notice Posted at Property Date: \_\_\_\_\_

Request Approved: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_

**If Approved:**

~~Installation Invoice Sent to Applicant~~ \_\_\_\_\_ Date: \_\_\_\_\_

~~Invoice Copy provided to Finance Department~~ \_\_\_\_\_ Date: \_\_\_\_\_

~~Installation Payment Received~~ \_\_\_\_\_ Date: \_\_\_\_\_

Public Works Work Order Submitted Date: \_\_\_\_\_