

**CITY OF WALTHAM  
TRAFFIC ENGINEERING  
119 SCHOOL STREET  
WALTHAM, MA 02451  
781-314-3402**

**Policy for Designated Handicap Parking Spaces  
On Public Streets in Residential Areas**

Handicap Parking cannot be established in area already restricted as NO PARKING or NO STANDING.

Handicap Parking is not designated when off-street parking (driveway, garage or lot) is available.

Handicap Parking signs do not exempt a vehicle from other regulations such as snow emergency or street cleaning.

Handicap Parking Spaces may be used by anyone with a handicap plate, handicap parking placard from the Registry of Motor Vehicles or a City of Waltham Temporary Handicap Parking Permit.

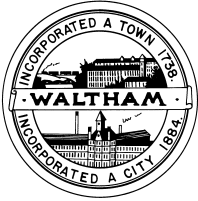
The City reserves the right to reject requests for Handicap Parking Spaces that will be used infrequently or will cause a hazard to the motoring and walking public.

Handicap Parking Spaces are subject to review every three (3) years, or when the City of Waltham Traffic Engineering deems appropriate. Should the need no longer exist, the sign will be removed.

When the Handicap Parking Space is no longer needed due to the applicant's change in residence or change in eligibility status, the applicant or a member of his/her household shall notify the City of Waltham Traffic Engineering within thirty (30) days of this change.

**To apply for a Handicap Parking Space near your residence, please submit the following documentation to the City of Waltham Traffic Engineering:**

1. The completed Residential Handicap Parking application.
2. A written statement from the landlord that no off-street parking space (driveway, garage or lot) is available, or of why the available off-street parking is inadequate.
3. The completed attending physician's form documenting the need for a Residential Handicap Parking Space.
4. A photocopy of the car registration if it has handicap number plates authorized by Chapter 90, Section 2 of the Massachusetts General Laws, or photocopies of a handicap placard issued to the applicant in accordance with the provisions of Chapter 632 of the Massachusetts General Laws and the registration of his/her vehicle or the primary vehicle of the applicant's household.
5. Mail completed material to the above address.



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**RESIDENTIAL HANDICAP PARKING APPLICATION**

Applicant's name (please print) \_\_\_\_\_

Applicant's address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Vehicle registration or placard number: \_\_\_\_\_

You must provide a written statement from the owner of your home that you either have no off-street parking where you live, or why the available off-street parking is inadequate or unavailable. (Both are subject to verification.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read the City of Waltham policy for establishing Handicap Parking Spaces on public streets in residential areas, and I understand the conditions required for a designated Handicap Parking Space. I also understand that if I fail to meet the eligibility requirements, I will have the opportunity to appeal the decision for a waiver.

I certify that the information provided is correct. I also give permission for the City of Waltham Handicap Services Commission and/or the City of Waltham Traffic Engineering to obtain all information necessary to verify my need for this designated parking space.

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

Signature: \_\_\_\_\_ Name Printed: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY**

Regulation Number: \_\_\_\_\_ Effective: \_\_\_\_\_ Expiration: \_\_\_\_\_

Work Order Number: \_\_\_\_\_ Signs Installed: \_\_\_\_\_

**CITY OF WALTHAM**

**REQUEST FOR RESIDENTIAL HANDICAP PARKING SPACE**

Applicant's name (please print)\_\_\_\_\_

Applicant's address:\_\_\_\_\_

**To be completed by attending physician or other health care professional:**

**To Physician:** Approval for a Residential Handicap Parking Space is based in part on information provided by you. If this applicant (your patient) has a "hidden" disability (ie: one that is not visibly obvious), it will be incumbent on you to specify the extent to which the disability limits the person's mobility in order for our Review Committee to make a fair evaluation of this application. Residential Handicap Parking Spaces are available to those with substantial functional limitations that affect mobility for more than six months.

**Please answer the following:**

Does the applicant have mobility impairment?  No  Yes

Note which, if any, of the following impairments is attributable to the applicant and explain:

Loss of use of one or more limbs:\_\_\_\_\_

Vision impairment:\_\_\_\_\_

Knee, ankle, hip dysfunction:\_\_\_\_\_

Respiratory, heart or circulatory disorder:\_\_\_\_\_

Are mobility aids prescribed?  No  Yes

If YES, please specify:  cane  crutches  walker  wheelchair

Ambulatory range of the applicant:

Without rest:\_\_\_\_\_distance in feet

With intermittent rest:\_\_\_\_\_distance in feet

Describe any other functional limitations that make having a Residential Handicap Parking Space desirable:

\_\_\_\_\_  
\_\_\_\_\_

Physician's name (please print):\_\_\_\_\_ Phone:\_\_\_\_\_

Medical specialty:\_\_\_\_\_ Registration Number:\_\_\_\_\_

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

***I hereby certify that the above information is correct.***

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

Physician's signature: \_\_\_\_\_

***Please mail to:***

City of Waltham  
Traffic Engineering  
119 School Street  
Waltham, MA 02451