



City of Santa Barbara

Public Works Department

Disabled Persons On-Street Parking Zones Criteria

The City of Santa Barbara does not provide on-street parking for private individuals. It must be emphasized that even “disabled persons on-street parking zones” do not constitute “personal reserved parking” and that any person with valid “disabled persons” license plates (DP or VT plates) or placards may park in such stalls. Persons parking in such stalls without valid DP or VT plates or the required placard may be cited under Section 10.48.040 of the Santa Barbara Municipal Code.

Normally, in establishing on-street parking facilities for the disabled, there shall be a reasonable determination made that the facility will serve more than one disabled person and that need is of an ongoing nature. The intent is to prevent a proliferation of the special parking stalls that may be installed for a short-term purpose but later are seldom used. Unjustified installation of such stalls unnecessarily increases the City’s maintenance and operations costs, reduces available on-street parking for the general public and detracts from the overall effectiveness of the disabled persons parking program.

Zones in residential areas must meet all of the following criteria unless otherwise approved by the Traffic Engineer:

- Applicant (or guardian) must be in possession of valid license plates or placard for “disabled persons” or “disabled veterans” issued by the California Department of Motor Vehicles.**
- Applicant must provide a photocopy of their vehicle registration for valid “disabled persons or disabled veterans” license plate or photocopy of valid placard.**
- The applicant has a vehicle registered in his/her name, or in the name of their primary, live in caregiver.**
- The proposed disabled parking space must be in front of the disabled person’s place of residence.**
- Subject residence must not have off-street parking available or off-street space that may be converted into a disabled parking.**

Complete and return to:
City of Santa Barbara
Public Works Department
c/o Traffic Engineering
630 Garden Street
P.O. Box 1990
Santa Barbara, CA 93102

CITY OF SANTA BARBARA APPLICATION

DISABLED PERSONS ON-STREET PARKING ZONES

IMPORTANT: PLEASE READ: *DISABLED PERSONS ON-STREET PARKING ZONES CRITERIA* (ON THE REVERSE SIDE) BEFORE FILLING OUT THIS APPLICATION.

Applicant's Name: _____

Address: _____

City _____ Zip Code: _____

Telephone Number: _____

- 1. Is the above address the proposed location for the disabled parking space? Yes__ No__
If not, please indicate the appropriate address below:

Address: _____

City: _____ Zip Code: _____

- 2. Do you own the property at this address or are you renting it?
I own the property _____ I am renting it _____ Other _____
If other, explain: _____

- 3. Is the applicant the disabled person? Yes__ No__
If not, what is the relationship to the disabled person?

Spouse__ Parent__ Guardian__ Relative__ Other _____

- 4. Do you have a valid "disabled persons" license plate (DP or VT plates) or placard issued by the California Department of Motor Vehicles? Yes__ No__

(Please provide a photocopy of your vehicle registration for valid "disabled persons or disabled veterans" license plate or photocopy valid placard along with this application)

- 5. If there is a driveway or other off-street parking space available at this address, explain why it can NOT be used for available disabled parking:

- 6. Is there sufficient space in front of this address to accommodate an on-street parking space? Yes__ No__

I have read and understand the information on the reverse side and have answered the above questions truthfully and to the best of my ability. I also understand that the disabled parking space is not exempt from street sweeping parking restrictions or other applicable part-time parking prohibitions at this location.

Applicant's Signature _____ Date: _____