Application form for disabled parking bay for private residence



This form is available in a variety of accessible formats (i.e. large print or braille) upon request.

How do I apply for a disabled parking bay?

If you think you are eligible for a disabled parking bay, please fill in this form and send it and the items listed below to us at: Traffic & Road Safety Section, Infrastructure & Climate Change Department, Dún Laoghaire-Rathdown County Council, County Hall, Marine Road, Dún Laoghaire, Co Dublin.

If you have any questions about this form contact the Traffic & Road Safety Section, Infrastructure & Climate Change Department: phone (01) 205 4700; email info@dlrcoco.ie

These forms are available on our website www.dlrcoco.ie; at the information desk at County Hall; at our public counter; at our Dundrum offices; by fax; and by post.

In addition to this application form, please send us:

- a copy of your current HSE Primary Medical Certificate; or
- \Box a copy of your current disabled parking permit, front and back this is the Blue Badge.

Who chooses where the disabled parking bay will be?

If you qualify for a disabled parking bay, we will tell you where we will put the bay. It may not be outside your house, but it will be in the closest place that is safe and does not cause problems to other traffic.

Disabled Parking Bays are provided for applicants who have to rely upon on-street parking. If an applicant has access to off-street parking, they may not qualify for a disabled parking bay.

Can anyone fill in this form?

This form is for people who qualify for a disabled parking bay and the questions are directed at them. If you are filling in this form for someone else, please complete the form and also fill in your details at sections 11, 12 and 13 under: "I am filling in this form for someone else".

Applicants must reside in the County of Dun Laoghaire Rathdown in order to be assessed for a disabled parking bay.

We will keep all the information you give us confidential.

1 Name			
2 Postal address			
Email			
3 Phone			
4 Does your house have off-street parking (a driveway or garage)?			
Tick one. Yes No			
Is it reasonably possible to provide off-street parking space?			
Tick one. Yes No			
5 Do you keep your vehicle permanently at the above address?			
Tick one. Yes No			
6 Are you the driver of this vehicle? Tick one. Yes No			
If 'No', does the driver live at the above address? Tick one. Yes No			
7 Do you have a driving licence?			
Tick one. Yes No			
8 What is the make and model of the car?			
Make Model			

9 Do you have a	any special requirem	nents for access to the vehicle such as ramps or lifts?	
Tick one.	Yes	No	
10 Do you have	a carer or someone	else who drives you?	
Tick one.	Yes	No	
If 'Yes', if we ga driver to get to y		e parking space would you be able to get help from a carer or	
Tick one.	Yes	No	
lf 'No', if we gav help?	e you an alternative	parking space would you be able to get to your home without	
Tick one.	Yes	No	
I am filling in this form for someone else. 11 Name 12 Address			
13 Phone			
Please read the following and sign below to show that you agree with it. I confirm that all the above information is correct.			
I know that if you provide me with a disabled parking bay, I must still obey the law as outlined in any other legislation.			
I will obey the conditions you set, and any other conditions the licensing authority imposes.			
Signature of applicant			
Date			