



City of Blue Island Application for -Handicapped Parking Space

Reserved Handicapped Parking was established to provide disabled City residents with convenient and accessible parking in close proximity to their residences.

Requirements and Conditions

Individuals who apply for a handicapped parking space must meet all the following conditions to qualify for a reserved handicapped parking space on a residential street within the City:

- Applicants must be the owner of a motor vehicle for which a Illinois handicapped or disabled veteran license plate or handicapped placard has been issued.
- The handicapped or disabled veteran plate or placard must be valid at the time of application.
- The person who is disabled or a disabled veteran as defined under state law must be a lawful resident of the City of Blue Island at the address for which the reserved handicapped parking space is requested. Written evidence of residency must be provided to the City Clerk at the time the application is submitted.
- If the applicant is not the owner of the property at which the disabled resident or disabled veteran resident resides, the applicant must obtain written approval and a notarized letter from the owner or property manager of the property indicating the need for the installation of the handicapped parking space sign, and provide the same at the time of the application.
- If the property is transferred, a new application, investigation process and approval letter from the new owner shall be required.

Fees

Sign installation and maintenance costs must be paid by the applicant.

- The initial fee for the installation of the handicapped sign is \$70.00. This fee must be submitted with the initial application.
- The applicant will also be billed a \$25 renewal and maintenance fee on an annual basis, due by June 30 of each year.
- If the renewal and maintenance fee is not timely paid, the reserved handicapped parking sign will be removed by the City.

How to Apply

Qualified applicants must complete an application form. All requested information and supporting documentation must be provided with the application, including but not limited to copies of the current handicapped placard and/or disabled license plate; driver's license and/or state ID and utility bill for the home address for which the handicapped permit is being sought. Incomplete applications will not be processed. Residents may obtain an application form in the City Clerk's Office.

Completed applications and the \$70.00 installation fee may be submitted to the Clerk's Office located at 13051 Greenwood Avenue, Blue Island, IL 60406.

How Residential Disabled Parking Signs Work

Once a completed application is received, the City will process it as required under Ordinance 2021-31. The City will approve the application if all requirements are met. In general:

- City staff will perform a site inspection of the location of the requested handicapped parking space.

- A reserved handicapped parking space may be allowed curbside on a public street within a residentially zoned area if the applicant does not have access to their home via a drive-way or garage and if the street on which the applicant lives will allow for the same.
- The handicapped parking space shall be located within the limits of the individual's residence and as close as possible to the frontage of the residence where the disabled person resides.
- The reserved space shall be marked by the posting of a sign and the sign shall not be greater than 20 feet in length unless a reason for the greater length is set forth in the application and approved by City staff and the Public Works Department.
- Only vehicles that display a handicapped placard or disabled plate in addition to the City of Blue Island's Handicapped Parking Permit may park in the reserved handicapped space. Vehicles in violation of this ordinance will be ticketed.
- The applicant must observe and comply with any other parking restrictions which may apply at the approved location (i.e. Street Cleaning signs, Snow Route signs, etc.).
- The authorized holder of the City's Handicapped Parking Permit must be present and must enter or exit the vehicle at the time the reserved parking privileges are being used.
- No person shall transfer, sell, assign, rent or lease any City handicapped parking permit or charge a fee for the use thereof.
- No person shall continue to display a City handicapped parking permit which has been terminated, cancelled and/or recalled.
- It shall be unlawful for any person to park a motor vehicle or stop a motor vehicle for the purpose of loading and unloading persons or things, other than persons with disabilities, in any public parking area posted as a drop off zone for persons with disabilities.

Disabled Parking Sign Removal

If the applicant moves, becomes deceased or is no longer a person with a disability, notice must be provided to the City Clerk's Office.

Intentional movement or relocation of a handicapped parking sign in any manner from the place where it was initially installed by the Public Works Department to a different location by any resident will result in immediate revocation of the reserved handicapped parking space. In the event it is considered necessary to relocate the sign, the resident or applicant shall make application to the City Clerk to have the sign moved.



City of Blue Island

Application for Reservation of Residential Parking Space For Individuals with Disabilities or Disabled Veterans

Note: All sections must be completed

1. Date of Birth (MM/DD/YYYY)		2. Driver's License or State ID Number	
3. Applicant Last Name		MI	First Name
4. Home Address		Street Name	Zip Code
5. Do you Rent or Own? <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other			Ward/Alderman
6. Home Phone Number ()		Cell Phone Number ()	
7. Current Permanent Disabled Placard Number		Registered to	Relationship to Applicant
8. License Plate Number		Registered to	Relationship to Applicant
9. Does the registered owner of the vehicle reside at the address of the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Is there off-street parking available at your primary residence?		11. Types <input type="checkbox"/> Garage <input type="checkbox"/> Driveway <input type="checkbox"/> Other	
12. If alternative parking is available, why are you unable to access the space?			
13. Is this a permanent disability? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain)			
14. Are you able to walk 200 feet without stopping to rest? <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Are you able to walk without assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Are you restricted by lung disease to such a degree that your forced (respiratory) expiratory volume (FEV) in one second, when measured by spirometry, is less than one liter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
17. Do you use portable oxygen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
18. Do you have a Class III or Class IV cardiac condition according to the standards set by the American Heart Association? <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Are you severely limited in your ability to walk due to an arthritic, neurological or orthopedic condition? <input type="checkbox"/> Yes <input type="checkbox"/> No			
20. I hereby certify and attest that the statements set forth in this document are true and correct.			
Signature of Applicant: _____		Date: _____	

SUBSCRIBED and SWORN to before me by

_____ this _____ day of _____, _____

Notary Public

My commission expires _____

I hereby certify that the physical condition of the person with disabilities listed herewith constitutes him/her as a person with disabilities as described under 625 ILCS 5/1-159-1

Physician's Signature Date Physician's License Number

Physician's Name: _____ Phone: _____

Address: _____ City: _____ Zip code: _____

Office Use Only	Fee	<input type="checkbox"/> Copy of Placard/Plate	<input type="checkbox"/> Proof of Residency	<input type="checkbox"/> Complete
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