

CITY OF CHARLESTON

RESIDENTIAL MOBILITY IMPAIRED PARKING SPACE PERMIT APPLICATION

WV DMV Mobility Impaired Permit No. _____

Permit Expiration Date: _____

(Please Type or Print)

Complete all of the following information:

Applicant Name (First, Middle, Last)	
Street Address	Telephone

I am physically impaired in a way that makes it difficult or impossible for me to walk and I certify that I am a resident of the above address	
Signature _____	Date _____

MEDICAL CERTIFICATION

Residential Mobility Impaired Parking Space

(Must be completed by the **Attending Physician Licensed to practice medicine in the State of West Virginia**).

Applicant Name
Physician
Address

Temporary Disability Statement:	(6 months or less)
I hereby certify that the above named individual has a temporary disability that makes it difficult or impossible for him/her to walk.	
Temporary Disability Length:	_____ Months _____ Weeks
Physician Signature _____	Date _____

Permanent Disability Statement:	
I hereby certify that the above named individual has a permanent disability that makes it difficult or impossible for him/her to walk.	
Physician Signature _____	Date _____

(Please see reverse side for instructions)

ELIGIBILITY:

Any resident who resides at the address shown on this application who has a temporary or permanent disability that makes it difficult or impossible to walk and has obtained a State of West Virginia DMV Mobility Impaired Parking Permit

INSTRUCTIONS:

- 1) Complete the entire top portion of this application and sign.
- 2) The MEDICAL CERTIFICATION must be completed by the attending physician Licensed to practice medicine in the State of West Virginia.
- 3) Mail complete application to: City of Charleston
Traffic, Parking and Transportation Department
612 Washington Street, E.
Charleston, West Virginia 25301

COMMENTS:

CITY OF CHARLESTON

Residential Mobility Impaired Parking Permit Policy

For the establishment of residential parking spaces for the exclusive use of the physically disabled driver/motorist proceed as follows:

- Section 1) Applicant must be a bona fide resident of the address where the parking space is requested and must also complete the appropriate City Mobility Impaired Parking Space form.
- Section 2) Applicant must have a State of West Virginia Mobility Impaired Parking Permit.
- Section 3) No fees will be charged to the applicant.
- Section 4) Any residence that possesses a usable driveway and/or garage will not be eligible for a residential mobility impaired parking space.
- Section 5) Applicant's attending physician is required to complete the medical certification portion of the form in order that the Traffic Operations Director may determine whether the disability is temporary or permanent.
- Section 6) If it becomes necessary for an applicant to renew a temporary permit, the applicant is required to renew the existing permit on or before the expiration date thereon.
- Section 7) Failure to provide current information will result in cancellation of the disabled parking space within ten (10) days after the expiration date. (On-street signing will be removed at this time).
- Section 9) The appropriate paperwork, once completed, should be returned to: City of Charleston, Traffic, Parking and Transportation Department, 612 Washington Street, East, Charleston, WV 25301.

Rev. 9/30/2019