

Please read the following notes carefully before completing your application form and then return the form to:

Transport planning services, Civic Centre, 44 York Street, Twickenham, TW1 3BZ or via email to HighwaysAndTransport@richmond.gov.uk

Requirements

- The applicant must be registered a disabled driver or passenger and be an authorised blue badge holder.
- The applicant must not have any type of off-street parking facility such as a garage, carport or parking apron.
- The applicant must have some permanent and substantial disability that causes considerable difficulty in walking.
- The applicant must experience regular and severe difficulty in finding a place to park near their property where the bay is requested.
- The applicant should provide proof of any benefits listed on the application.

Disabled parking within a Controlled Parking Zone (CPZ)

Blue badge holders can park for a maximum of three hours on a single or double yellow line as long as there is no prohibition on loading/unloading (please refer to 'The Blue Badge Scheme' Dept for Transport leaflet). Also, they may park in resident parking bays, shared-use or pay & display, meter or voucher bays free of charge and for unlimited periods. They may also park in any of the Council's off-street car parks.

CPZs often provide a remedy for areas which normally suffer from commuter parking and, therefore, improve parking in areas it would normally be difficult to find an available parking space. Applicants within CPZs are unlikely to be approved unless it is evident that there is a 'proven need'. It is therefore considered, that with these concessions already available within a CPZ, that disabled parking bay applicants will only be successful in severest of cases.

Advice & Assistance

Every application is considered on individual merit and site visits by Council officers are made to investigate the parking difficulties in your road. The bay will be positioned as close to your property as possible, however, under certain circumstances such as where there is insufficient road width the bay may not be granted.

The details of your application will be checked to confirm eligibility. In the event of the applicant being a disabled passenger, it is normally reasonable to expect that an able driver should "double bank" if necessary to embark or set down his/her disabled passenger and then remove the vehicle afterwards to an appropriate parking space (Although this may entail short-term obstruction of the highway, as it is not either "unnecessary" or "wilful" it is unlikely to be considered to constitute an offence). Exceptions have been made to this, as in the case of passenger suffering from severe mental instability where constant attendance is absolutely essential.

Successful applications

A Traffic Regulation Order will be drafted for all successful applications, which will be advertised in the local press, and notices will be displayed adjacent to the location of the proposed bay for a period of three weeks. During this time, any member of the public may challenge the proposed traffic order. Should this occur, the objections would be referred to the Council members who will consider the objections and decide whether or not the disabled bay should be implemented. Richmond Council will endeavor to process applications quickly, however, in order to keep cost to a reasonable level bays are advertised in batches and therefore, delays for successful applications are possible.

You will of course be kept informed of the progress of your application, however, the process of introducing disabled bays unfortunately takes some time. Therefore, immediate action on your request cannot be promised and your patience during this process would be appreciated.

The bay will be marked with white lines and will measure approximately 6 metres with the word 'DISABLED' written alongside it. Also, a sign, stating 'blue badge holders' only, affixed to a new/existing post or lamp column will be located near to the bay.

For further information on Disabled Persons Parking Bays please contact the *Transport Planning Service* on *020-8891* 1411

Ref: 1609-01A (Application Pack)



Please read the guidance notes before completing this form

PLEASE USE BLOCK CAPITALS

1. Applicants Personal Details	THE OUL BLOK	on on the					
First Name (s)							
Address							
Telephone number	Postcode						
Date of Birth							
2. Disability				7			
Blue badge number (6 digits)							
Expiry date							
Please state nature of your disability							
3. Other Details (please circle option which		-					
How often would the bay be occupied? A majority of		he day or		at certain times of the week/day		s of the	
If 'at certain times of the week/day' please sta	ate				•		
What is your current employment status?	Employed (Ful	I time or Part tin	ne)	or	Unemp	oloyed	
If 'unemployed' please state							
Do you have any off-street parking facility?		Yes	or	No			
Are you the driver of the vehicle intended for	the bay	Yes	or	No			
Do you receive the higher rate mobility compe	onent of the disa	ability living allov	wance?	Yes	or	No	
Please write below any other evidence that you feel may support your application.							
Please provide a copy of the 'Vehicles Registration Document' for proof of ownership of the vehicle which the bay is intended.							
Declaration							
The London Borough of Richmond upon The application may lead to further enquiries to valid of disabilities.							
I confirm that I have read and understood the criteria for the application and have completed the application to the best of my knowledge.							
The London Borough of Richmond upon Thames has no legal obligation to provide any such parking facility although it is committed to assisting where possible.							
Signature		Date					
Ref: 1609-01A (Application Pack)							

Disabled Persons Parking Bay Application



To be completed by a doctor					
4. Doctors detail	l'S				
Practice telephone	e number				
The applicant may	/ qualify for the disabled persons parking	bay if his or her doctor confirms the severity of the case.			
5. Patients detai	l's				
Patient's full name	e				
The patient suffers	s from				
I certify that the	severity of the condition is such that (olease tick one option ONLY if applicable)			
	e or she is permanently and substantially insiderable difficulty in walking.	disabled, which results in an inability to walk, or			
Th	ne exertion required to walk may, in itself,	constitute a risk to his or her health.			
option)		e able to walk less than (please tick appropriate			
□ <10, □	l<19, □<29, □<39, □<49, □<59, □<	69, □<79, □<89, □<100 (distance in metres)			
Please state here	if the applicant/patient requires any walk	ing aids			
		nt that only the severest of cases are offered a disabled			
Doctor's signature	,	Date			
Doctor's stamp					
·					
NB. The applican application.	t is responsible for any fees or charges le	evied by their doctor/specialist in respect of this			
For office use only		_			

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