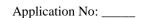
## THE CORPORATION OF THE CITY OF WINDSOR





# PUBLIC WORKS 1266 MCDOUGALL ST • WINDSOR ON • N8X 3M7 Phone: (519) 255-6247 • Fax: (519) 973-5476

# **APPLICATION**

#### RESIDENTIAL ON-STREET ACCESSIBLE PARKING PRIVILEGES

## **INSTRUCTIONS**

Please take this **completed application** along with the following documents:

- original parking permit (Blue Permit From Ministry of Transportation),
- original vehicle permit (ownership) for the vehicle registered to the permit holder's address,
- original document used for proof of residency (item 4, below)

to the following address in person or (www.citywindsor.ca)

Note that a <u>permanent Ontario parking permit, which is valid for at least six (6) months</u> is required for processing this application. <u>Temporary parking permits are not accepted.</u>

## Public Works City of Windsor 1266 McDougall Street, Windsor, Ontario, N8X 3M7 Phone: (519) 255-6247

Processing time for application & sign installation is approximately 120 business days from date of application. If this application is approved, there will be a follow up review in two (2) years or by Ontario permit's expiry date (whichever comes first).

If this application is denied, you may not file an additional application for the same address for 12 months.

Type of Application:	☐ NEW AP	PLICATION	□ RENEWAL		
Name of <u>Permit Holde</u> (print)	First		Last		
Street Address: (print)					
Postal Code:					
Phone #:	E-mail Address:				
Ontario Parking Perm	nit #:	Exp	piry Date:		
	r of the parking permit yo ovide your contact inform		are applying on behalf of the parking		
Name: (Print)					
Fir	rst	Last			
Street Address: (Print)					
Postal Code:					
Phone #:		E-mail Addres	ss:		
Your Relation to the P	arking Permit Holder:				

Trave you eve	i applied for Keside	muai On-Street Acc	cessible Parking in Windso	or before:		
☐ YES	□ NO					
If YES,						
- Was the ap	plication denied?	☐ YES	□ NO			
-		te the Residential NO	On-Street Accessible Par	rking sign would		
If NO, please	provide:					
Name of <u>Pro</u> (print)	operty Owner:	First	Last			
Street Addr (print)	ess:					
Phone #:		E-mail Address:				
accessible per be located.	rson at the address ver's License	where the Residenti	al On-Street Accessible Pa	•		
<b>:</b>		Applicants Sig	nature:			
	FOR	OFFICE USE	ONLY			
Proof of resid Vehicle regist	ency ration					
PPROVED	□ DENIED					
rization Signat	ure:		Date:			
v-Up Date: Ex	piry Date of Permit	or Two Years (whi	chever comes first)			
Forward Revi	ew Date:	- //				
				Adopted: August 24, 2023		
	☐ YES  If YES,  - Indicate w Was the ap If denied, i  Do you own be located?  If NO, please  Name of Pro (print)  Street Addr (print)  Phone #:  Is there any Parking sign parking, or g.  Please provide accessible per be located.  ☐ Valid Drive be located.	□ YES □ NO  If YES,  - Indicate where (street address - Was the application denied? - If denied, indicate the date of the Do you own the property where be located? □ YES  If NO, please provide:  Name of Property Owner: (print)  Street Address: □ (print)  Phone #:  Is there any means of parking of Parking sign would be located (in parking, or gated parking area)  Please provide the original of on accessible person at the address where the located.  □ Valid Driver's License □ Other, please specify: □ FOR  Accessible parking permit Proof of residency Vehicle registration Site visit complete  PROVED □ DENIED  rization Signature: □ Up Date: Expiry Date of Permit Forward Review Date: □ Verice In Towns	□ YES □ NO  If YES,  - Indicate where (street address) - Was the application denied? □ YES - If denied, indicate the date of the application: □  Do you own the property where the Residential be located? □ YES □ NO  If NO, please provide:  Name of Property Owner: (print)  First  Street Address: (print)  Phone #: □ E-m  Is there any means of parking on the property or Parking sign would be located (i.e. garage, front or parking, or gated parking area)? □ YES  Please provide the original of one of the document accessible person at the address where the Residential be located.  □ Valid Driver's License □ Most Recent □ Other, please specify: □ Applicants Signature: □ Applicants Signature: □ OTHER	If YES,  - Indicate where (street address) - Was the application denied?		