



Dear Applicant,

Enclosed you will find an application for a Reserved Residential Disabled Parking Space. Please do not separate these forms. It is very important that this application be filled out completely and legibly.

**Incomplete applications will not be processed and will be returned to you. All applications MUST be notarized.**

Pursuant to the laws of the City of Baltimore, this accommodation may only be provided to individuals demonstrating acceptable **documented** medical information from a licensed physician. To qualify, **the applicant must 1) have a permanent disability that limits their mobility; and 2) the applicant cannot have accessible off-street parking such as a driveway, garage, or parking pad on their property; and 3) the applicant must be unable to utilize any form of public transportation relying upon operating a personal vehicle as their sole means of transportation. If an applicant does not meet all three criteria, the applicant is ineligible for a reserved residential parking space.**

Once your completed and notarized application with **supporting medical documentation and verifiable signatures** is received and reviewed, you will be contacted to schedule an appointment for an interview at your home.

Upon completion of the final review process, a determination will be made as to whether or not you meet the criteria for obtaining a reserved residential disabled parking space. If you do meet all criteria, you will be assigned a space, which is subject to periodic review.

If you have any questions please call **(443) 573-2800**. The application should be returned to:

**The Parking Authority of Baltimore City  
Reserved Residential Disabled Parking  
200 W. Lombard Street, Suite B  
Baltimore, MD 21201**

Sincerely,

Michelle Thompson,  
Reserved Residential Disabled Parking Manager  
MT



**PARKING  
OF BALTIMORE CITY  
AUTHORITY**

**APPLICATION FOR RESERVED RESIDENTIAL DISABLED PARKING SPACE  
PARKING AUTHORITY OF BALTIMORE CITY  
200 W. Lombard Street, Suite B  
Baltimore, Maryland 21201  
(443) 573-2800**

If a parent, guardian, or spouse is filling out this application for a child or relative, please list the child or relative as the applicant. All information must be typed or printed in ink and signed. All questions must be completely answered. Attach additional sheets of paper with greater explanation as necessary. False statements will result in denial of the reserved residential disabled parking space or if granted, in revocation of same.

**Before you begin completing this application**, please note that in accordance with the Baltimore City Code, if you have not been certified by a physician to be permanently mobility restricted, or you are able to use public transportation, or you have accessible off-street parking on your property such as: a driveway, garage, or parking pad, you are **NOT** eligible for this program.

**1. Applicant's Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**2. Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

- |  |         |        |
|--|---------|--------|
| (a) Do you own the above property?                 | Yes [ ] | No [ ] |
| (b) Do you live in a corner house?                 | Yes [ ] | No [ ] |
| (c) Is the above address a single family dwelling? | Yes [ ] | No [ ] |
| (d) Is it your principal place of residence?       | Yes [ ] | No [ ] |

**3. Telephone # (home):** \_\_\_\_\_ **(cell):** \_\_\_\_\_

**4. Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** M [ ] F [ ]

**5. Employer:** \_\_\_\_\_ **Retired:** Yes [ ] No [ ]

**6. Address:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**7. Is Handicap Parking provided by your employer?** Yes [ ] No [ ]

**8. What is your Motor Vehicle Administration Handicap hang tag #?** \_\_\_\_\_

**9. What is the nature of your disability?** \_\_\_\_\_

**10. Does your disability affect your mobility to walk?** Yes [ ] No [ ]

If yes, explain how. \_\_\_\_\_

**11. Are you dependant on mechanical devices? (E.g. wheelchair, electric scooter, walker, crutches, braces, cane etc...)** Yes [ ] No [ ] If yes, please list \_\_\_\_\_

12. Are you the operator of the vehicle for which this space is requested? Yes [ ] No [ ]

If yes, License Plate #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

If no, who are you dependent on for transportation? Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ License Plate # \_\_\_\_\_

13. Is the vehicle, for which you rely on for transportation, equipped with special controls? Yes [ ] No [ ]

If yes, please explain \_\_\_\_\_

14. Can you utilize public transportation, or other means of transportation in addition to this vehicle? Yes [ ] No [ ]

If yes, please explain \_\_\_\_\_

15. Under normal conditions, what is the maximum distance you can walk or, if utilized, propel a wheelchair?

\_\_\_\_\_

16. Is there off-street parking (such as a driveway, garage or parking pad) on the applicant's property?

Yes [ ] No [ ] If yes, please provide an explanation why this space cannot accommodate your need?

\_\_\_\_\_

If yes, provide a clear and concise written explanation why this space cannot accommodate your needs.

\_\_\_\_\_

17. Location and distance of the closest Mass Transportation? \_\_\_\_\_

18. Location and distance from your residence to the nearest available off-street public, private or commercial parking? \_\_\_\_\_

19. Is the area in front of your residence presently posted with parking and/or stopping restrictions?

Yes [ ] No [ ] If yes, state which restrictions exist. \_\_\_\_\_

**BELOW MUST BE SUBSCRIBED BEFORE A NOTARY PUBLIC**

**I certify that all information furnished in relationship to this application is complete and true to the best of my knowledge and the reserved space requested is for my personal use.**

**Signature of Applicant/Guardian** \_\_\_\_\_

**I, \_\_\_\_\_, being duly sworn, deposes and says that he/she is the individual making the foregoing application for a reserved residential disabled parking space for a disabled resident; that the answers to the foregoing questions and other statements contained in the application are true to the best of his/her knowledge and belief.**

**Sworn to before me** \_\_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_\_ **at** \_\_\_\_\_

\_\_\_\_\_  
**Notary**

**SIGN INSTALLATION AGREEMENT**

I understand that if the front of my home is not 20 feet, from property line to property line, it is my responsibility to obtain the signature of the owners of the adjacent properties indicating that they have no objections to the installation of this zone and four additional property owners in the block. I further agree that if I use this zone for any other purpose, the zone will be removed. I also agree that the Parking Authority of Baltimore City retains the right to remove this zone at any time.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARKING AUTHORITY OF BALTIMORE CITY  
MEDICAL INFORMATION  
FOR RESERVED RESIDENTIAL DISABLED PARKING PERMIT**

**Instructions for preparing disability reports when certifying a need for reserved residential disabled parking permit privileges is on the physician's voucher.**

In order to be considered for a reserved residential disabled parking space, the applicant's physician is required to forward to the Parking Authority, a medical report which documents the presence of a medically determinable impairment which significantly impairs, the applicant's mobility.

Impairments are considered to be medically determinable if they manifest themselves as laboratory findings, apart from symptoms. Abnormalities, which manifest themselves only as symptoms, are not considered medically determinable.

A physician licensed to practice in the State of Maryland must sign the medical report and such report should contain the applicant's medical history relating to the impairment(s), which affect mobility.

Upon review of this application, the applicant will be notified if any additional medical documentation is required, such as supporting laboratory and X-Ray reports needed to determine the nature and severity of the impairment.

If the applicant is approved for a Reserved Residential Disabled Parking Space, the applicant may also be required to submit specific detailed medical documentation to recertify continued eligibility at intervals as required by the Parking Authority.

Please complete the physician's voucher on the reverse side of this form. A listing of impairments is also attached for your reference in completing the voucher.

**Category A**

Refers to a disability severe enough to require the use of a mechanical device in order to be mobile.

**Category B**

Refers to pulmonary disabilities - it will be necessary to submit the pulmonary functions tests and arterial blood gas report with an interpretation of these tests. The test result must meet the criteria outlined under category B on the reverse side.

**Please check applicable category below:**

**A.**  Applicant is so severely permanently disabled, as to be unable to be mobile without the aid of a mechanical device. (The term mechanical device includes wheelchairs, walkers, crutches and ling leg braces and may include canes.) \*Explain:

**B. [ ]** Applicant suffers from any respiratory disease or ailment, as determined by the Commissioner after consideration of the extent that the Arterial PO<sub>2</sub> is less than 60 mmHg, the Forced Vital Capacity (FVC) is less than fifty percent (50%) of the predicted value, the Forced Expiratory Volume in 1 second (FEV<sub>1</sub>) is less than forty percent (40%) of the actual value when measured in liters by a Spiro meter based on predicated normal values for the individual's sex, age and height, as set forth in the "American Medical Association: Guide to the Evaluation of permanent Impairment" 2nd ed. Chicago, American Medical Association, 1984, or as revised or amended. Submit pulmonary function studies and explain.\*

\*A full and complete explanation of the extent of the patient's immobility must be given, including symptoms and objective findings. Attached documentation and reports, as necessary, in support of physician's findings and conclusions.

**This is to certify that on \_\_\_\_\_ I examined \_\_\_\_\_, and recommend that a reserved residential disabled parking space be provided because of the disability explained in this application and attachments thereto.\*\***

**Date:** \_\_\_\_\_ **Physician's Signature:** \_\_\_\_\_, M.D.

**Printed name of Physician:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**\*\* Examination must be within 6 months of application.**

## LISTING OF IMPAIRMENTS

### CARDIOVASCULAR SYSTEM

The criteria for evaluating impairment resulting from heart diseases or diseases of the blood vessels are based on symptoms, physical signs and pertinent laboratory findings.

**SEVERE CARDIAC IMPAIRMENT** results from one or more of three consequences of heart disease: (1) congestive heart failure; (2) ischemia (with or without necrosis) of heart muscle; (3) conduction disturbances and/or arrhythmia resulting in cardiac syncope.

**CONGESTIVE HEART FAILURE** is not considered to be established for the purpose of disability unless there is vascular congestion such as hepatomegaly or peripheral or pulmonary edema, which is consistent with clinical diagnosis. (Radiological description of vascular congestion unless supported by appropriate clinical evidence should not be construed as pulmonary edema.) Other congestive, ischemic, or restrictive (obstructive) heart diseases such as caused by cardiomyopathy or aortic stenosis may result in significant impairment due to congestive heart failure, rhythm disturbances or ventricular outflow obstruction in the absence of left ventricular enlargement. However, clinical findings should be documented and diagnosis confirmed by echo cardiography or at cardiac catheterization.

**ISCHEMIC HEART DISEASES** may result in a marked impairment due to chest pain. Description of the pain must contain the clinical characteristic typical for anginal pain and the clinical impression of pain of cardiac origin must be supported by objective evidence from electrocardiogram, exercise testing, coronary arteriography, left ventriculography, echocardiography and other tests.

**RECENT ARRHYTHMIA** (not due to digitalis toxicity) resulting in uncontrolled repeated episodes of cardiac syncope and documented by resting or ambulatory electrocardiography are incompatible with safe driving.

**ANEURYSM OF AORTA OR MAJOR BRANCHES** (documented by roentgenographic evidence). With:

1. Acute or chronic dissection not controlled by treatment
2. Congestive heart failure
3. Renal failure
4. Repeated syncopal attacks

**PERIPHERAL ARTERIAL DISEASE** with:

1. Intermittent claudication with confirmation of arterial occlusion on arteriogram
2. Intermittent claudication with marked impairment of arterial circulation as determined by Doppler studies showing
  - a. Resting ankle/brachial systolic blood pressure ratio of less than 0.50; or
  - b. Less of pre-exercise level and requiring 10 minutes or more to return to preexercise level; or
  - c. Amputation at or above the tarsal region due to peripheral arterial disease
  - d. Disorder of contralateral lower extremity which markedly limits ability to walk and stand

**FRACTURE OF THE FEMUR, TIBIA, TARSAL BONE OR PELVIS** with solid union not evident on X-ray and not clinically solid when such determination is feasible.

## MUSCULOSKELETAL SYSTEM

**LOSS OF FUNCTION** may be due to amputation or deformity. Pain may be an important factor but it must be associated with relevant abnormal signs or laboratory findings. Evaluations of musculoskeletal impairments should be supported by detailed descriptions of the joints, including ranges of motion, condition of the musculature, sensory or reflex changes, circulatory deficits, and x-ray abnormalities.

**DISORDERS OF THE SPINE** associated with vertebrogenic disorders result in impairment because of distortion of the bony and ligamentous architecture of the spine or impingement of a herniated nucleus pulposus or bulging annulus on a nerve root.

Impairment caused by the above may improve with time or respond to treatment. Appropriate abnormal physical findings must be shown to persist on repeated examinations despite therapy for a reasonable presumption to be made that severe impairment will be permanent. This may occur in cases with unsuccessful prior surgical treatment. A clinical diagnosis must be established on the basis of adequate history, physical examination and x-ray findings. The history must include a detailed description of the character, location and radiation of pain, mechanical factors which incite and relieve pain, prescribed treatment, including type, dose and frequency of analgesics.

There must be a detailed description of the orthopedic and neurologic examination findings. The findings should include a description of gait, limitation of movement of the spine given quantitatively in degrees from the vertical position, motor and sensory abnormalities, muscle spasm, and deep tendon reflexes.

**ARTHRITIS** where manifested by ankylosis or fixation of the cervical and dorsolumbar spine at 30 degrees or more of flexion measured from the neutral position with x-ray evidence of:

1. Calcification of the anterior and lateral ligaments; or
2. Bilateral ankylosis of the sacroiliac joints with abnormal apophyseal articulation; or

**OSTEOPOROSIS**, generalized (established by x-ray) manifested by pain and limitation of back motion and paravertebral muscle spasm with x-ray evidence of either:

1. Compression fracture of a vertebral body with loss of at least 50% of the estimated height of the vertebral body prior to the compression fracture, with no intervening direct traumatic episode; or
2. Multiple fractures of vertebrae with no intervening direct traumatic episode; or

**OTHER VERTEBROGENIC DISORDERS** (e.g., herniated nucleus pulposus, spinal stenosis) with the following persisting for at least 3 months despite prescribed therapy and expected to be permanent. With both 1 and 2:

1. Pain, muscle spasm, and significant limitation of motion in the spine; and
2. Appropriate radicular distribution or significant motor loss with muscle weakness

**DISORDER OF THE WEIGHT BEARING JOINTS** primarily refers to the hip, ankle and knee joints.

**ACTIVE RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY ARTHRITIS** should be associated with symptoms of persistent joint pain, swelling or tenderness and signs of joint inflammation (swelling and tenderness) on current physical exams despite prescribed therapy for at least 3 months, resulting in significant restriction of function of the affected joints. Corroboration of diagnosis at some point in time by either:

1. Positive serologic test for rheumatoid factor; or
2. Antinuclear antibodies, or
3. Elevated sedimentation rate; or
4. Characteristic histologic changes on biopsy

**ARTHRITIS OF A MAJOR WEIGHT BEARING JOINT (DUE TO ANY CAUSE)** would meet eligibility if there is a history of persistent joint pain and stiffness with signs of marked limitation of motion or abnormal motion of the affected joint on current examination with:

1. A gross anatomical deformity of the joints (e.g., subluxation, contracture, bony or fibrous ankylosis or instability) supported by x-ray evidence of either significant joint space narrowing or significant bony destruction and markedly limiting ability to walk or stand; or,
2. Reconstructive surgery or surgical arthrodesis of a major weight bearing joint and return to full weight bearing status did not occur and is not expected to occur.

**OSTEOMYELITIS OR SEPTIC ARTHRITIS (established by X-ray)** would meet eligibility criteria if:

1. Located in the pelvis, vertebra, femur, tibia, or a major joint of the lower extremity with persistent activity or occurrence of at least two episodes of acute activity within a five month period prior to application for handicap disability and manifested by local inflammatory and systemic signs and laboratory findings, and where the condition is expected to be permanent despite therapy; or
2. Multiple localizations and systemic manifestations as in A above.

**AMPUTATIONS OF ONE LOWER EXTREMITY (at or above the tarsal region):**

1. Hemipelvectomy or hip disarticulation, or
2. Amputation at or above the tarsal region due to peripheral vascular disease or diabetes mellitus; or
3. Inability to use prosthesis effectively without obligatory assistive devices, due to one of the following:
  - a. vascular disease; or
  - b. neurological complications (e.g., loss of position sense); or
  - c. stump too short or stump complications persistent, or are expected to persist permanently

**ADDENDUM TO APPLICATION FOR RESERVED RESIDENTIAL DISABLED PARKING PERMIT**

**APPLICANT:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

The above named individual has applied for a reserved disabled parking space in front of or in proximity to his/her residence. A reserved space will be approved only if the applicant is unable to utilize public transportation and the use of the personal vehicle for which this space is requested is essential to facilitate the applicant's ability to conduct day to day activities requiring vehicular transportation. In support of the request, applicant has stated that this accommodation is necessary due to a disability which severely impacts his/her mobility. **Pursuant to Article 31, Section 157 (f) (2), Baltimore City Code (1991 Supp.), the applicant must submit signed statements approving the designation of the requested reserved parking from the two (2) abutting property owners and from four (4) additional property owners in the block.** This information is requested to assist us in evaluating the request. If you have any questions about this addendum to the application, please call the **Reserved Residential Disabled Parking Office at 443-573-2800.**

**DECLARATION**

**By affixing my signature below, I affirm that I am the primary home owner of the address indicated and have an awareness of the severe impact of applicant's disability on his/her mobility. I have no objection to the placement of a reserved parking space in front of or contiguous to applicant's residence. If necessary, I have no objection to all or a portion of the reserved space being installed on the roadway in front of my property.**

1.	_____	_____
	SIGNATURE	PRINT NAME
	_____	_____
	ADDRESS	PHONE # DATE
2.	_____	_____
	SIGNATURE	PRINT NAME
	_____	_____
	ADDRESS	PHONE # DATE
3.	_____	_____
	SIGNATURE	PRINT NAME
	_____	_____
	ADDRESS	PHONE # DATE
4.	_____	_____
	SIGNATURE	PRINT NAME
	_____	_____
	ADDRESS	PHONE # DATE
5.	_____	_____
	SIGNATURE	PRINT NAME
	_____	_____
	ADDRESS	PHONE # DATE
6.	_____	_____
	SIGNATURE	PRINT NAME
	_____	_____
	ADDRESS	PHONE # DATE