FROM: Ara P. Molitor, P.E.
City Engineer

RE: Policy for Disabled Parking Zone

The following is the policy for disabled handicapped parking areas:

**SEC. 94-201. PERMITS**

No person, except as provided in Section 94-205, may park, stop or leave standing any vehicle, whether attended or unattended and whether temporarily or otherwise, upon any portion of a street, highway or public parking facility reserved for physically disabled persons by official traffic signs, markers or parking meters indicating the restriction.

**SEC. 94-202. APPLICATION; FEES.**

Any owner or lessee requesting a Disabled Parking Zone under this division shall file a written application with the City Engineer on forms provided by the City, setting for the name of the person or business, together with exact location and reason or necessity for such a zone. If the City Engineer finds that such zone should be established, he shall erect appropriate signs and collect the sign installation costs.

**SEC. 94-203. ZONES ESTABLISHED; RECORD; ERECTION OF SIGNS**

The City Engineer shall keep an accurate record of the location of all authorized disabled parking zones. No person except the City Engineer shall erect a disabled parking zone sign.

**SEC. 94-204. OTHER RESTRICTIONS**

No person may park a vehicle in any disabled parking zone within an area which is designated as parking prohibited during certain hours of the day in accordance with pertinent sections of this chapter.

The application process consists of submitting the application form to the City accompanied by a non-refundable deposit of $100. Upon receiving the application, the item will be reviewed by the City Engineer for approval. The City Engineer will initiate the installation of the signs, and the applicant will be billed the balance for all material and labor costs. Typically, the cost ranges between $100.00 and $250.00 depending upon the number of signs installed and the manner in which they are installed.

Please note that this is still a public parking space and any vehicle possessing a valid disabled plate or sticker can park in this space. Also, other parking restrictions do still apply such as alternate side parking ordinance and restrictions in areas which are posted “No Parking” at specific times.

Disabled Parking Zones will not be established in areas already prohibiting parking at anytime by local Ordinance or State Statute.

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Application for Disabled Parking Zone

Date: ______________

Note: A non-refundable deposit of $100.00 must accompany this application or it will not be processed. The signing material and labor charges will be billed to the applicant after installation of the signs.

To the City Engineer:

The undersigned hereby applies for establishment of a disabled parking area under Article III, Division 6, Section 94-201 of the Municipal Code of the General Ordinances of the City of Racine:

1. Name of Applicant: ____________________________________________
2. Company Name: _______________________________________________
3. Address: _____________________________________________________
   Racine, WI 534_________
4. Telephone Number: _____________________________________________
5. Use of Building: _______________________________________________
6. State Disabled Permit No.: _______________________________________
7. Permit Expiration: _____________________________________________
8. Vehicle 1 License No.: __________________________________________
9. Vehicle 2 License No.: __________________________________________
10. Reason for Request: ___________________________________________
11. Location of Zone: ______________________________________________
12. Length of Zone: _______________________________ Feet

Upon approval of the application by the City Engineer, signs will be installed under the direction of the City Engineer. Persons (businesses) requesting the zone, will be charged for the signing material and labor after installation.

Please note that the disabled parking zone is available to any qualified vehicle displaying a valid State disabled permit or license plate.

________________________________________
Signature of Applicant

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