

City of Long Beach, California Guidelines for Installation of On Street Disabled Parking Zones

The purpose of these guidelines is to provide a process by which Long Beach residents may request the installation of an On Street Disabled Parking Zone on Public Right of Way within the City of Long Beach, under California Vehicle Code (CVC) §21458(a)(5), and LBMC Ch.10.34.

A. CURRENT OPTIONS FOR DISABLED PARKING

Any disabled person or disabled veteran displaying valid disabled parking plates or placards **shall be allowed to park in any On Street Disabled Zone [all references should be to “On Street Disabled Parking Zones” identified by blue curb and a sign.**

B. CONDITIONS FOR QUALIFICATION

On Street Disabled Parking Zones shall only be established where a demonstrated need for such place is shown as determined by the City Traffic Engineer (“CTE”). In determining need, the CTE will consider the following criteria:

- Applicant must be a full-time resident of the Long Beach address for which the On Street Disabled Zone is requested. Proof of residency, such as driver’s license or utility bill, is required.
- Applicant must have a valid California Department of Motor Vehicles **Permanent** Placard or Plate. Temporary Placards will not qualify.
- For apartments, condos and townhomes all on-site parking options must have been exhausted. Applicants are encouraged to contact the management or association to inquire about on-site disabled parking spaces.
- For single family dwellings, off-street parking must be unavailable or inaccessible. Example of inaccessibility:
 - ◆ The garage is less than 14 feet wide.

C. ENGINEERING AND ACCESSIBILITY STUDY

Prior to approval of an On-Street Disabled Zone the Transportation Mobility Bureau staff will perform an accessibility study. This will require the following:

- Your consent to allow Transportation Mobility Bureau staff entering property of applicant to ascertain the presence of off-street parking including access to applicant’s garage. **Applicants using their garage for storage will be denied an On-Street Disabled Parking Zone.**

- Sufficient curb space to allow installation of the On-Street Disabled Parking Zone a minimum of 20 feet for parallel parking and 10 feet for angled parking.

D. REMOVAL OF ON-STREET DISABLED PARKING ZONES

The City Traffic Engineer may review and re-evaluate on-street disabled zones. Circumstances that may warrant removal of an On-Street Disabled Parking Zone include:

- The space is no longer needed;
- The disabled person(s) has moved, vacated the premises, or is deceased;
- The space is altered with the intent to misuse;
- Conditions have changed such that the disabled person(s) no longer is qualified for a disabled parking placard/plate.

E. AGREEMENT TO THE REQUIREMENTS FOR APPLYING FOR AN ON-STREET DISABLED PARKING ZONE.

After reading the City of Long Beach Guidelines for an On-Street Disabled Zone, the applicant will be required to complete the application and sign the agreement/waiver form. By signing the application, the applicant acknowledges and agrees to all the requirements associated with the installation of an On-Street Disabled Parking Zone.



CITY OF LONG BEACH
APPLICATION FOR ON STREET DISABLED ZONE

Within Residential Areas

Applications are considered on a case-by-case basis. On-Street Disabled Zone spaces are available for use by vehicles displaying a valid disabled parking license plate or placard issued by the State of California Department of Motor Vehicles (DMV). All parking regulations set forth in the California State Vehicle Code (CVC) and City of Long Beach Municipal Code are in force at such locations.

Submit Completed application to: City of Long Beach
Transportation Mobility Bureau
411 West Ocean Blvd., 4th Floor
Long Beach, CA 90802

A. APPLICANT INFORMATION

First and Last Name: _____

Mailing Address: _____

Phone: _____ Email: _____

California Driver's License Number: _____ Exp: ___/___/___

B. PROPERTY OWNER INFORMATION (Condo owners must have HOA approval for installation).

First and Last Name: _____

Mailing Address: _____

Phone: _____ Email: _____

C. DISABLED PARKING ZONE INFORMATION

Location of requested blue curb: _____

Reason for request:



1. Is off-street parking available at the property associated with is request:
 - ___ Yes ___ No

2. Is there an existing on-street disabled parking spot within 150 feet of the property associated with this request?
 - ___ Yes ___ No

3. If off-street parking is available, why is an on-street disabled parking zone needed?

D. Requested by Caregiver- Spouse-Child of Disabled Adult-Parent of Disabled Child

First and Last Name: _____

Mailing Address: _____

Phone: _____ Email: _____

California Driver's License Number: _____ Exp: ___/___/___

Explain why the unlicensed placard/plate holder applicant requires their driver who is not issued a DMV disabled placard/plate to justify the installation of an On-Street Disabled Zone.



Additional Comments:

E. SUPPORTING DOCUMENTATION

Please attach photocopies of the documents below. Do not send originals.

- Proof of Applicant's address (attach current utility bill, rental agreement, or driver's license)
- Proof of DMV Issued Disabled Parking Plate or Placard (attach copy of vehicle registration or placard receipt) Copy of placard or plate will not be accepted
- Completed/signed agreement/waiver for installation

I hereby certify that the information I am providing is true and correct.

Applicant's Signature: _____ Date: _____

For more information contact the Transportation Mobility Bureau at (562) 570-6331



**CITY OF LONG BEACH
AGREEMENT TO THE REQUIREMENTS FOR INSTALLATION OF ON-STREET
DISABLED ZONE PARKING SPACE**

Applicants for On-Street Disabled Zone Parking must agree to and abide by the following requirements:

1. The applicant understands that completing the application is not a guarantee that it will be approved.
2. Applications are approved for a two-year period. Thereafter, a renewal application must be submitted with supporting documentation for continued use. The applicant must observe and obey all parking regulations covered in the City of Long Beach Municipal Code Chapter 10.40 *et seq*.
3. The On-Street Disabled Zone shall not be used for long-term storage of vehicles. The vehicle must be kept in good repair and shall be operational, as outlined the California Vehicle Code. For the purpose of this policy, long-term storage of vehicles is defined as any vehicle parked or left standing on a public street in the same location and not driven or moved in excess of 72 hours.
4. Any misuse of an On Street Disabled Parking Zone shall result in its removal. Misuse shall be determined by the City Traffic Engineer. In ascertaining whether a disabled parking zone has been misused, the City Traffic Engineer shall consider the following factors:
 - a. The length of time in which the applicant has left a vehicle in the space without operating it;
 - b. Misuse of the applicant’s disabled placard or license plates;
 - c. Any violation by the applicant of the Long Beach Municipal Code 10.40 *et seq* or this policy;
 - d. Any other factors the City Traffic Engineer deems reasonable and relevant to the issue.
5. The On-Street Disabled Zone is not a private or reserved space and may be used by other vehicles licensed to park in the disabled parking space on a first-come first-served basis.
6. The authority to enforce parking laws is the responsibility of the Department of Public Works Parking Enforcement and the Long Beach Police Department.

I, the applicant, have read and understood this Agreement to the Requirements for Installation of an On-Street Disabled Zone on Public Streets and agree to abide by them.

Print Name _____ Signature _____ Date _____

Address _____



**CITY OF LONG BEACH
ON-STREET DISABLED ZONE ON PUBLIC STREETS
LIABILITY WAIVER AND GENERAL RELEASE OF ALL CLAIMS**

The On-Street Disabled Zone Program (“Program”) is a voluntary program offered by the City of Long Beach (“City”).

I _____, hereby acknowledge that I am voluntarily participating in the Program. I hereby assume full responsibility for all liability and all risk of injury or loss, including death, which may result from participation in the Program. I hereby agree to hold harmless, release, waiver forever discharge and covenant not to bring legal action or claim against City or its employees, agents and/or officers from any and all claims or demands I may have by reason of any accident, illness, injury, death, damage, loss or misuse arising or resulting directly or indirectly from my participation in the Program and occurring during such participation or any time subsequent thereto.

This Liability Waiver and General Release of All Claims applies whether such loss, injury, death, damage or misuse is caused or alleged to be caused by any act or omissions by City or other parties, negligent or otherwise, related to participation in the Program. This Liability Waiver and General Release of All Claims is binding on me, my heirs, executors, administrator, and assigns.

I certify that the information I have provided is true and accurate.

Print Name: _____

Signature: _____

Street Address: _____

Date: _____