

Clear Form



City of Emeryville

INCORPORATED 1896

1333 Park Avenue, Emeryville, CA 94608-3517
t (510) 596-4300 | f (510) 596-4389

Application for an ADA Blue Disabled Parking Zone

APPLICANT INFORMATION

Full Name: Joe Nuni		Date: 04/30/2021
Business Name (if applicable):		
Business / Mailing Address: [REDACTED]		
Business Phone:	Home Phone:	Cell Phone: [REDACTED]
Email Address: [REDACTED]		
<input type="checkbox"/> I require language translation assistance (please specify which language): ⁴		
Street Address / Intersection / Location of Proposed Parking Zone (please be as specific as possible): 1270 62nd St. (Directly in front of house)		
Reason for Request: My [REDACTED] year old son ([REDACTED]) has [REDACTED] and uses a wheelchair. Our driveway is too steep to safely and properly load him into our minivan. We are asking to have a blue line painted on the sidewalk in front of our house to allow for safer loading into van. We live on the ground floor unit. I have attached a letter from [REDACTED] pediatric rehabilitation physician.		

RESIDENT APPLICANTS ONLY

Proof of Emeryville Residency

Residential applicants must provide one of the following proofs of residency with the application:

1. Utility Bill
2. State or Federal Issued Picture Identification
3. Rental or Lease Agreement

⁴ Staff will make every possible effort to provide the applicant with language translation assistance services; however, language translation assistance cannot be guaranteed.

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Proof of Disability and Possession of DMV-Issued Disabled Placard

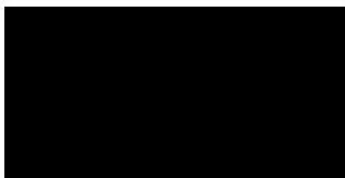
Residential applicants must have a valid State-issued Disabled Plate or Placard. Proof can be provided by submitting a copy of supporting documentation issues by the DMV.

Can a copy of a DMV-Issued Disabled Placard be provided? ☒ Yes ☐ No

Can a copy of a current DMV-Issued Vehicle Registration form be provided? ☒ Yes ☐ No

UNDERSTANDING OF ADA BLUE DISABLED PARKING ZONE POLICY AND USE AGREEMENT

I have read and understand the Disabled Blue Zone Parking Policy, and to the best of my knowledge, my request meets ALL the installation criteria, requirements, and conditions presented. I agree to meet with staff from the City to review the installation request, and if approved, understand that I have a duty to inform the City if the space is no longer required. I also understand that, if approved, this will not be a private space for my residents or business, and that it must be made available to other vehicles that display a disabled placard on a first come, first served basis.



Joe Nuni

4/30/20

Name

Date

Please return the completed application and required documents to:

CITY OF EMERYVILLE
City Manager's Office
Attn: ADA Administrator
1333 Park Avenue
Emeryville, CA 94608



Name: [REDACTED]

D.O.B. [REDACTED]

Attention City of Emeryville:

[REDACTED] is being followed for [REDACTED]. He has limited household ambulation with assistance and an assistive device, and he has limited community mobility with assistance and a custom manual wheelchair. For this reason he is in need of a blue painted curb in front of his house in order to access transportation in case of emergency. Thank you for your attention to this matter.

Regards,

[REDACTED]

Kyle Menze, DO FAAPRM
Pediatric Rehabilitation Medicine
The Permanente Medical Group



Form provided courtesy of FAAN (www.foodallergy.org) 5/2018

This letter was originally viewed by Melanie M Nuni on 4/30/2021 10:26 AM.

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REMOVE FROM MIRROR BEFORE DRIVING VEHICLE

CALIFORNIA



"WARNING: The illegal use of a disabled parking placard could result in a maximum fine of \$4,200."

DISABLED PERSON



PARKING PLACARD

EXPIRES JUNE 30

2021



If found or if the placard holder is deceased, return to:
DMV

PO Box 942869 M/S C271
Sacramento, CA 94269-0001