



CITY OF OAKLAND

NON-RESIDENTIAL DISABLED PARKING ZONE (DPZ)

APPLICATION FORM

Mail this form to: Division Manager
City of Oakland
Parking and Mobility Division
250 Frank H. Ogawa Plaza, Suite 1333
Oakland, CA 94612



I request to install a Disabled Parking Zone (Blue Zone) for the following facility or business:

Date: _____

Facility or Business Name: _____

Facility Address: _____

Type of Facility or Land Use Description: _____

Days and Hours of Operations: _____

Prepared By: Print Name of Preparer Title Signature

Preparer Phone No. Cell No. E-mail

Print Name of Contact Person (if different from Preparer) Title Signature

Contact Person Phone No. Cell No. E-mail



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Is the DPZ space requested intended for use by customers, patrons, employer, employees, teachers, students, buses, tenants, staff, patients, seniors, caregiver, taxi cabs, shuttles, paratransit vehicles, emergency vehicles, delivery vehicles/trucks, or other vehicles or visitors? (please specify)

What is the estimate average number of vehicles per business day which would utilize the DPZ space you are requesting? _____

Is off-street parking available at your facility? Yes No

If yes, are these spaces accessible to persons with disabilities? Yes No

Are on-street parking spaces frequently not available? Yes No

Are on-street parking spaces controlled by parking meters? Yes No

Is there another DPZ space in the same block? Yes No

If off-street DPZ parking is available, how many are there? _____

If off-street DPZ parking is available, why is an on-street DPZ needed?

If off-street DPZ parking is not available, please state why? _____

Additional Comments: _____

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