



PUBLIC WORKS
1266 MCDOUGALL ST ▪ WINDSOR ON ▪ N8X 3M7
Phone: (519) 255-6247 ▪ Fax: (519) 973-5476

APPLICATION

RESIDENTIAL ON-STREET ACCESSIBLE PARKING PRIVILEGES

INSTRUCTIONS

Please take this **completed application** along with the following documents:

- **original parking permit (Blue Permit From Ministry of Transportation),**
- **original vehicle permit (ownership) for the vehicle registered to the permit holder's address,**
- **original document used for proof of residency (item 4, below)**

to the following address [in person or \(www.citywindsor.ca\)](http://www.citywindsor.ca)

Note that a **permanent Ontario parking permit, which is valid for at least six (6) months** is required for processing this application. **Temporary parking permits are not accepted.**

Public Works City of Windsor
1266 McDougall Street, Windsor, Ontario, N8X 3M7
Phone: (519) 255-6247

*Processing time for application & sign installation is **approximately 120 business days** from date of application. If this application is approved, **there will be a follow up review in two (2) years or by Ontario permit's expiry date (whichever comes first).***

If this application is denied, you may not file an additional application for the same address for 12 months.

Type of Application:

☐ NEW APPLICATION

☐ RENEWAL

Name of Permit Holder:
(print)

First

Last

Street Address:
(print)

Postal Code:

Phone #:

E-mail Address:

Ontario Parking Permit #:

Expiry Date:

If you are not the holder of the parking permit yourself, and you are applying on behalf of the parking permit holder, please provide your contact information below.

Name: (Print)

First

Last

Street Address:
(Print)

Postal Code:

Phone #:

E-mail Address:

Your Relation to the Parking Permit Holder:

1. Have you ever applied for Residential On-Street Accessible Parking in Windsor before:

☐ YES ☐ NO

If YES,

- Indicate where (street address) _____
- Was the application denied? ☐ YES ☐ NO
- If denied, indicate the date of the application: _____

2. Do you own the property where the Residential On-Street Accessible Parking sign would be located? ☐ YES ☐ NO

If NO, please provide:

Name of **Property Owner:** _____
(print) First Last

Street Address: _____
(print)

Phone #: _____ E-mail Address: _____

3. Is there any means of parking on the property where the Residential On-Street Accessible Parking sign would be located (i.e. **garage, front or side driveway, rear yard or front yard parking, or gated parking area**)? ☐ YES ☐ NO

4. Please provide the original of **one** of the documents listed below as proof of residency of the accessible person at the address where the Residential On-Street Accessible Parking sign would be located.

- ☐ Valid Driver’s License ☐ Most Recent Utility Bill
☐ Other, please specify: _____

Dated: _____ Applicants Signature: _____

FOR OFFICE USE ONLY

_____ Accessible parking permit
_____ Proof of residency
_____ Vehicle registration
_____ Site visit complete

☐ APPROVED ☐ DENIED

Authorization Signature: _____ Date: _____

Follow-Up Date: Expiry Date of Permit or Two Years (whichever comes first)

Bring Forward Review Date: _____ / _____ / _____
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Adopted: August 24, 2023