



DEPARTMENT OF PUBLIC WORKS
CITY OF NEW ORLEANS

Dear Sir/Madam:

The Traffic Engineering Division of the Department of Public Works has received your request for a handicapped parking zone. In order for us to process your request, the City requires that the attached application be filled out and signed. (It must also be notarized if you do not apply in person).

With the completed application, you must submit the following:

- (1) a completed physician's certification form (blank form enclosed)
- (2) a copy of your Louisiana's Driver License
- (3) a copy of your handicapped License Plate/placard

Send all of the above to:

Traffic Engineering Division
Department of Public Works
City Hall, Room 6W03
New Orleans, La. 70112

Upon receipt of the required documentation, your request shall be addressed in a timely manner, and you shall be apprised of the results.

Sincerely,

A handwritten signature in black ink, appearing to read "Allen M. Yrle".

Allen M. Yrle, P.E.
City Traffic Engineer





DEPARTMENT OF PUBLIC WORKS

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ADA PARKING ZONE APPLICATION

LOCATION OF ZONE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER _____

E-MAIL ADDRESS: (please print clearly): _____

VEHICLE LICENSE PLATE NUMBER: _____

ADA DRIVER LICENSE NUMBER: _____

If the applicant listed above is not the owner of the property in front of which the zone is to be located, the approval of the owner is required.

PROPERTY OWNER: _____

PROPERTY OWNER MAILING ADDRESS:

PHONE NUMBER: _____

E-MAIL ADDRESS: (please print clearly): _____

Approved: _____

(Signature of property owner)

I, _____, certify that I have a physical disability and do not have a driveway or other off-street parking facility available to me. I further certify that parking conditions in my block are such that without an ADA parking zone available, I am subject to physical hardship. I understand, however, that any vehicle which bears a legal ADA plate or placard may park within this zone.

(Signature of applicant)

1300 PERDIDO STREET | SUITE 6W03 | NEW ORLEANS, LOUISIANA | 70112
PHONE 504-658-8000 | FAX 504-658-8007





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ADA PARKING ZONE PHYSICIAN CERTIFICATION

Parking areas restricted for disabled persons are primarily for application in non-residential areas. In no way is the intent of such a restriction to provide private or exclusive parking on a public street. Disabled individuals have the responsibility to provide private parking at their place of residence, if possible. There are, however, circumstances when, in the opinion of the Director of Public Works, ADA parking restrictions may be deployed in a residential area. Such circumstances relate to the availability of existing parking as well as the physical need of an individual to park in the immediate proximity of their residence. The fact that a vehicle owner has obtained an ADA license plate does not -necessarily justify an ADA parking restriction at their residence. For these reasons, this form must be completed in a legible manner by a licensed physician.

Patient's Name: _____

Patient's Address: _____

I, Dr. _____, certify that, after a complete medical examination of the above patient, I have determined that this individual is physically disabled in such a manner that the distance which must be traveled between a vehicle of transportation and their residence must be minimized. I further certify that I shall inform in writing the Department of Public Works, Traffic Engineering Division should my patient's condition change in such a manner that such assistance is no longer required.

(Signature of physician)

Physician's Medical License Number: _____

Physician's Address: _____

