



APPLICATION FOR DISABLED PERSONS PARKING BAY

Application No:

Please read the attached notes and conditions before completing this form.
Complete **PARTS 1 to 3**. Use **BLOCK CAPITALS**.

Before filling in this form please make sure that you satisfy the following criteria, otherwise your application will almost certainly be rejected:

- 1) You **MUST** hold a Disabled Person's Blue Badge
- 2) You **MUST** be the driver of the vehicle
- 3) You **MUST** have no off-street parking; e.g. have no hard-standing nor garage (nor use of either)
- 4) You **MUST** receive (or have proof of entitlement to) either;
 - a) the Higher Rate Mobility component of **Living Allowance**, or
 - b) the Rate of **Attendance Allowance**

PART 1 - Applicant details	
Surname:	Title (Mr/Mrs etc.):
Forenames (in full):	Address (including postcode):
Date of Birth:	
Telephone Number:	
Blue Badge Number: (enclose photocopy)	
Blue Badge Issuing Authority:	
	Is the Blue Badge issued to you? YES / NO
If NO , who is it registered to and what is their relationship to you?	
Are you in receipt of, or have proof of entitlement to, Disability Living Allowance (either Higher Rate Mobility Component of Attendance Allowance, or Higher Rate of Attendance Allowance)? (If YES, enclose copy of letter with your name and address showing prove of entitlement or benefit received) YES / NO	
It may be necessary for this Council to contact your General Practitioner for further information in order to determine your application. Please provide details below:	
Doctor's name:	
Doctor's Address:	

PART 2 - Vehicle details	
Are you the main driver of the vehicle? (Enclose copy of your Vehicle Registration / Hire Agreement document)	YES / NO
Do you have facilities for off-street parking, i.e. do you own, rent or have use of a garage, hard-standing etc. (exclusive or shared use)?	YES / NO
Where is the vehicle usually kept?	
Please state below, why you feel a disabled bay should be provided (<i>continue on a separate sheet, if necessary</i>)	

PART 3 - Declaration by Applicant	
Your application can not be determined unless you have agreed to and ticked ALL of the following statements:	Please tick ✓
a) I declare that all the information I have given in this application is correct	
b) I have enclosed a cheque for the sum of £30.00 (made payable to Dover District Council) to cover the administrative costs of this application. I accept that this fee is non refundable, irrespective of whether the bay is approved or not.	
c) I have enclosed copies of all required documents: <ul style="list-style-type: none"> ● Blue Badge (both sides, including number and photograph) ● Proof of receipt of, or entitlement to, required benefits ● Vehicle Registration / Motability Operations Hire Agreement document 	
d) I acknowledge that any Disabled Blue Badge Holder can use the bay	
e) I agree to have a small sign restricting the use of the bay to Disabled Badge Holders, fixed to my boundary wall or fence	
f) I understand that it might be necessary for the Council to contact my GP for further information and I hereby give my permission	
g) I understand that the provision of the bay will be regularly reviewed and I agree to provide copies of the any documentation required by the Council for this purpose (The Council will <u>not</u> charge for any reviews)	
h) I agree to notify the Council immediately if any of my details stated in PARTS 1 and 2 of this application form change and accept that the bay will be removed if I no longer meet the required criteria	

PART 3 (cont)

	Please tick ✓
i) I agree to my information being used as explained below: The information provided will be processed by Dover District Council in connection with the Disabled Persons Parking Bay Scheme. Your information will be disclosed to partners acting on the Council's behalf in the administration of the scheme and your address disclosed as part of the local consultation process	
<p><i>Please sign and date the form below agreeing to all the statements a) to i) in PART 3 above and also to the accuracy of the information supplied by you in PARTS 1 and 2</i></p> <p>Signed: _____ Date: _____</p>	

This Application form should now be returned to:

**Director of Environment and Corporate Assets
The Council Offices
Dover District Council
White Cliffs Business Park
Dover
Kent
CT16 3PJ**

PART 4 - To be completed by both DDC's Head of Regeneration and KCC's Highway Manager (Each manager to approve or reject the application, as appropriate)

I approve this application for an interim bay and agree to process a supporting TRO

Signed:

Date:

(Director of Environment and Corporate Assets, Dover District Council)

I reject this application because (*state reason*)

Signed:

Date:

(Director of Environment and Corporate Assets, Dover District Council)

I approve this application for an interim bay and agree to process a supporting TRO

Signed:

Date:

(Transportation Manager, Kent Highway Services, East Kent Division)

I reject this application because (*state reason*)

Signed:

Date:

(Transportation Manager, Kent Highway Services, East Kent Division)