

HANDICAP PARKING SPACE INFORMATION

(Revised 10/15/2015)

The Division of Traffic Engineering can provide on-street handicap parking spaces for those residents of Fayette County that do not have any off street parking available. The space will generally be provided in front of the residence or as close to it as possible.

Handicap parking spaces are NOT installed on the street at apartments if there is off-street parking on the property.

The handicap person MUST have a valid permanent (blue not red) handicap parking hang tag, or a handicap license plate on the car.

If the handicap person does not drive, the “driver” MUST reside at the same residence.

Handicap spaces are NOT provided for “Wheels”, “Meals” or any other non-resident family members who provide transportation for the disabled person.

Handicap spaces are installed only where the disabled individual lives. The Division of Traffic Engineering reserves the right to ask the applicant to prove residency. The space cannot be installed for other situations such as to provide a parking space where the individual works or frequently visits.

Handicap parking spaces are NOT installed if the residence has any off-street parking available, such as a driveway, garage or parking lot, except for the following exceptions:

- a) The house is a rental property and the driveway is reserved for another tenant. This must be documented in a letter from the landlord.
- b) The disabled person uses a wheelchair and the driveway is not wheelchair accessible or the driveway cannot be used for some medical reason. This requires the attached form to be completed by a physician. The form must explain the reason that the driveway cannot be used. A general letter stating that the person needs a handicap parking space is not sufficient. The form must acknowledge that even though it is usually safer for a person to enter/exit his vehicle from an off-street driveway or space, that this patient needs a parking space on the street because they cannot use the drive due to a specific hindrance or barrier of the driveway. The physician’s form will be held as a public record and therefore, should NOT contain any confidential information.

Note: As the Handicap parking space will be located on a public street, the space will be a public parking space. It is not a parking space for any particular individual.

To apply for an on-street Handicap parking space please fill out the form on the next page.

HANDICAP PARKING SPACE APPLICATION

Name: _____

Address: _____

Zip Code: _____

Phone number: _____

HC Hang Tag Number: _____

HC Hang Tag Exp. Date: _____

License Plate Number of primary vehicle:

Do you have any off-street parking (such as a driveway,
garage, or parking lot) available?

Yes _____

No _____

If yes, please have physician fill out form on next page or include a letter
from landlord if off-street parking is reserved for another tenant.

Return forms to:

The Division of Traffic Engineering
Lexington-Fayette Urban County Government
101 East Vine Street
Suite 300
Lexington, KY 40507

Dear Physician,

LFUCG is concerned for the safety of your patient. Since it is much safer for any individual to enter and exit a vehicle from an off-street parking space, such as a driveway, Traffic Engineering prefers that whenever possible, people use their driveways to park. However, there may be specific difficulties encountered by disabled individuals that may make the use of a particular driveway extremely difficult or impossible.

If your patient has given you this form, he or she has off-street parking available (a driveway, parking lot, and/or garage). Traffic Engineering can provide a parking space on the public roadway for individuals that have a reason why they cannot park in their driveways. If you feel that your patient needs a parking space on the roadway, please fill out the following:

Name of Patient: _____

Address of Patient: _____

Related reason why drive cannot be used:

- Please explain the physical barrier or limitation of the driveway
- Do not include any confidential patient information

Name of Physician: _____

Signature of Physician: _____

Address of Physician: _____

Phone number of Physician: _____

Please note: This form will be kept as a public record, so do not include any confidential information. Thank you.

Please return forms to:

The Division of Traffic Engineering
Lexington-Fayette Urban County Government
101 East Vine Street
Suite 300
Lexington, KY 40507