



**City of Coral Gables
On-Street Accessible Parking Program for North Gables
Application**

I. Applicant Information

Last Name: _____ First Name: _____

Phone: _____ E-mail: _____

Do you have a permanent disabled parking permit or wheelchair license plate (check one): Yes No

(Note: Applicants with temporary disabled person parking permit are not eligible for this program)

Type of Florida Department of Motor Vehicle (DMV) permit (check one):

- Wheelchair License Plate Plate Number: _____
- Permanent Disabled Parking Permit - Permit Number: _____ Issued to: _____ Expiration Date: _____

II. Housing Information

Home address: _____

Location of space requested: _____

(Note: The City will endeavor to install the place as close to the applicant's residence as possible but cannot guarantee that the space will be directly adjacent to the applicant's home).

Is an off-street parking space available to you (check one): Yes No

If yes, what type of off-street parking exists? (check all that apply): Garage Driveway Parking Pad/Lot Other

Are you able and/or allowed to use the existing off-street parking? (check one): Yes No

If you cannot use the off-street parking, please explain why: _____

If you reside in a Residential Parting Permit district, do you have the appropriate Residential Parking Permit required by the City of Coral Gables Parking Department? (check one): Yes No

III. Applicant's Certification

I certify that the above information is true and accurate to the best of my knowledge and belief. I understand that the on-street parking space may be removed when the permanent disabled parking permit or wheelchair license plate issued by the Florida DMV expires. I also understand that approval of this application is subject to annual review and that any vehicle with a valid wheelchair license plate or parking permit may use the space. In addition, I understand that if I reside in a Residential Parting Permit zone, I must have the appropriate residential permit on the vehicle.

Signature of Applicant

Supporting Documents Required:

1. Photocopy of permanent disabled parking permit or other DMV documentation documenting receipt of a permanent disabled parking permit or wheelchair license.
2. Proof of residency
3. Residential Parking Permit (if applicable)

The completed application and supporting documents must be submitted to the City of Coral Gables Parking Department. Use one of the following methods: • Mail or in person at: City of Coral Gables Parking Department, 338 Minorca Avenue, 1st Floor, Coral Gables FL 33134 • Email: ada@coralgables.com • Call: 305.460.5542 • Online form: [On Street Accessible Parking](#)