

APPLICATION
RESIDENTIAL ON-STREET ACCESSIBLE PARKING PRIVILEGES

PART I – APPLICATION HISTORY

1. Have you previously applied for a Residential On-Street Accessible Parking Privilege for this address?

☐ No, this is my first application for this address.
Proceed to PART II

☐ Yes, and the application was approved.
Proceed to PART II

☐ Yes, and the application was denied for this address.

2. Was the application denied within the last 12 months?

☐ Yes
You are not eligible to submit a new application until 12 months have passed since the denial.

☐ No
You shall provide justification for changed circumstances, necessitating a re-evaluation. Proceed to PART II

PART II - ELIGIBILITY CHECK

1. Does the permit holder reside on a property that has any available off-street parking?
Examples:
Front-yard parking, Side-yard parking, Rear-yard parking, Driveway, Garage, Gated parking area, Parking accessed through a shared driveway.

☐ Yes
You are not eligible for Residential On-Street Accessible Parking Privileges.

☐ No
Move forward to the next question.

2. Does the permit holder have a valid permanent Ontario Accessible Parking Permit, with at least six months remaining before it expires?

☐ Yes
Move forward to the next question.

☐ No
You are not eligible for Residential On-Street Accessible Parking Privileges.

3. Is there a vehicle registered to the permit holder’s address that is used by the permit holder or used to transport the permit holder?

☐ Yes
Move forward to the next question.

☐ No
You are not eligible for Residential On-Street Accessible Parking Privileges.

PART III - APPLICANT INFORMATION

Part A – Permit Holder Information

Permit Holder Name (First, Last):

Street Address:

Postal Code:

E-mail Address:

Phone #:

Ontario Parking Permit Number:

Ontario Parking Permit Type:

Ontario Parking Permit Expiry Date: mmm-dd-yyyy

☐ Type P ☐ Type P/D

Part B – Caregiver Information (If Applicable)

Caregiver Name (First, Last):

Relation:

E-mail Address:

Phone #:

☐ I confirm that both the caregiver and the permit holder reside at the same address.

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PART IV – PROPERTY OWNER INFORMATION

1. Do you own the property where the Residential On-Street Accessible Parking space is being requested?

☐ Yes

Proceed to PART V

☐ No

Please provide:

Property Owner Name: (First, Last)

E-mail Address:

Phone #:

☐ I acknowledge that the City may contact the property owner regarding this application.

PART V – REQUIRED DOCUMENTS

☐ A completed Residential On-Street Accessible Parking Application Form.

☐ A copy of the Ontario Accessible Parking Permit which must be permanent and valid for at least six months.

☐ A copy of one of the following documents as proof of residency at the requested address:

o Driver's Licence, for Type "P/D" permit holders; or

o Ontario Health Card or Ontario Photo Card, for Type "P" permit holders.

☐ If applicable, a copy of Driver's Licence of caregiver as proof of residency at the requested address.

☐ A copy of the current vehicle registration (ownership) showing the requested address.

Important: Applicants are responsible for providing copies of all required documents. City staff do not provide photocopying services for application documents. Applications that are incomplete or missing required documentation will not be reviewed or processed.

PART VI – APPLICANT DECLARATION

☐ I declare that this application and all supporting documents show the same address

☐ I declare that the property where the permit holder resides does not have any available off-street parking, including a driveway, garage, front-, side-, or rear-yard parking area, gated parking area, or parking accessed through a shared driveway, regardless of its current use, condition, or size.

By signing this application, I certify that all information and supporting documentation provided are true, complete, and accurate to the best of my knowledge.

Applicant's Signature:

Dated: mmm-dd-yyyy

Adopted: August 2026