

Application for Temporary Mobility Parking Zone

Roads Act 1993

Important Information

Use this form to apply for a Mobility Parking zone outside your home.

Council may consider establishing a mobility parking space outside a resident's home where there is consistent difficulty in finding parking that is accessible within a reasonable distance of the property, provided:

1. The applicant holds a current, individual mobility parking permit issued by Transport for NSW
2. Medical certification is provided confirming the person requires the use of a mobility aid to walk and/or cannot walk more than 50 metres without detrimentally impacting their physical condition.
3. On-site parking is not available within the property.
4. The vehicle used for transport is registered to the resident's home address.

Eligibility for an on-street mobility parking in Inner West Council.

The following is required to be eligible for consideration of an on-street mobility parking space:

- a. The applicant is a resident living at the address.
- b. The applicant has an approved Transport for NSW Mobility Parking Scheme permit. (Temporary permits will not be considered)
- c. The application is for a vehicle registered to the address.
- d. The property does not have on-site parking.
- e. The frontage of the property has a minimum of 6m in width or 7.8m if a wheelchair ramp is required (fees apply for access ramps)

Council may also consider an on-street mobility parking space for the following:

- A carer vehicle, if registered to the address.
- If the applicant cannot access their on-site parking due to accessibility, a report from a qualified occupational therapist may be required to support the application (please refer to additional documentation)
- The applicant does not have a minimum frontage of 6m or 7.8m if wheelchair ramp access is required. (a letter of consent from your neighbour is required if the Mobility Parking space overlaps your neighbour's property- please refer to additional documentation)
- The applicant would like the mobility space located in an alternate location. (a letter of consent is required if an alternate location other than the applicants address - please refer to additional documentation)

Additional documentation:

- If the applicant is unable to access the on-site parking due to obstacles like stairs, uneven surfaces, slopes, or small spaces, the applicant will need to provide a report from an Occupational Therapist who has examined the property. The report must explain why it is not possible to access the on-site parking or why it could not be reasonably modified to allow access. The report will also need to document why it would be more assessable to use an on-street Mobility Parking space instead of the on-site parking. (This report is required as Council cannot determine the holder of the Mobility Parking Permits individual's ability to access their own private on-site parking)
- Where the applicant believes the on-site parking does not exist or is redundant, it is the applicant's responsibility to present Council with proof or evidence of such.
- If the applicant's property frontage is smaller than the required 6m or (7.8 for an access ramp) and the Mobility Parking space would overlap a neighbouring property, it is the applicant's responsibility to gain written consent from neighbouring property/s the space would overlap and provide Council with a copy of the consent.
- Consent letter from a body corporate if you are wishing the Mobility Space to be located outside multi-unit dwellings or properties that are strata subdivided.

On-street disabled parking zones can be used by any holder of a valid Mobility Parking Scheme Permit. The space is not exclusively reserved for use by the applicant / permit holder.

Additional Charges: Generally additional charges are only required where a kerb ramp (so a wheelchair can be used) is to be constructed adjacent to the requested mobility parking zone at the request of the applicant.

How to complete	<ol style="list-style-type: none"> 1. Ensure that all fields have been filled out correctly. 2. Please print clearly 3. Once completed, please refer to the <i>How to Lodge</i> section for further information.
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Section 1: Activity Location (Describe the location including street name(s) and proximity to a cross street and/or property)			
Unit No.		Street No.	
Street Name		Cross Street(s)	
Suburb		Postcode	

Section 2: Applicant's Details (Required)			
Salutation (✓)	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Other (please specify)		
First name		Surname	
Postal Address			
Suburb		Postcode	
Email			
Phone number:		Other	

Section 3: Mandatory Documents to be supplied with all applications as separate documents, in pdf format, with clear file names	
<input type="checkbox"/>	Application form – a signed copy of the application form.
<input type="checkbox"/>	A copy of both sides of the Mobility Parking permit – see Section 4 below
<input type="checkbox"/>	Medical Certificate, completed by a registered medical practitioner – see Section 5 below
<input type="checkbox"/>	A copy of the applicants or carer registration papers (vehicle must be registered to the property)
The Applicant must provide the following information where applicable	
<input type="checkbox"/>	Signed letter of consent from neighbouring property owner, where the proposed parking space will extend in front of the neighbouring property (depending on local conditions, this may not be required when it is no more than 1-2 metres)

Section 4: Mobility Parking Permit Details

A copy of both sides of the Permit must be attached to this application

Name on Permit			
Permit Type	<input type="checkbox"/> Individual (blue card) <input type="checkbox"/> Temporary (red card) <input type="checkbox"/> Organisation (green card)		
Permit No		Expiry Date:	____ / ____ / ____

Section 5: Medical Certificate – (Must be completed by a registered medical practitioner)

Practitioners Name			
Health Profession			
Provider No			
Business Name			
Business Address			
Suburb:		Postcode:	
Business Phone No			
I certify that:	<input type="checkbox"/> This person requires the use of a mobility aid to move, such as, crutches, walking frame, scooter, wheelchair or other mobility aid.		
	<input type="checkbox"/> This person cannot walk more than 50 metres without their physical condition deteriorating to a detrimental level.		
I certify that this condition is	<input type="checkbox"/> Permanent		
	<input type="checkbox"/> Temporary for: _____		
I certify that this condition is related to	<input type="checkbox"/> Neurological Disorder	<input type="checkbox"/> Cerebrovascular Disorder	
	<input type="checkbox"/> Orthopaedic Disorder	<input type="checkbox"/> Blindness	
	<input type="checkbox"/> Cardiovascular Disorder	<input type="checkbox"/> Other:	
Name		Date:	____ / ____ / ____
Signature			

Section 6: Parking Details

<p>What is the purpose for the request for the disabled parking bay?</p>	<p><input type="checkbox"/> Parking the permit holder vehicle. <input type="checkbox"/> Parking for another occupants' vehicle that is regularly used by the permit holder (i.e. vehicle parked overnight, live in carer). <input type="checkbox"/> Other </p>
<p>Does the property have off-street parking facilities or a driveway? Note: on-street disabled parking will not be provided for applicants who have an off-street area to store their vehicle)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Can the off-street parking facility be used for access to the vehicle for the permit holder?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No (Please explain) _____ _____ _____</p>
<p>Access to the Vehicle permit holder is typically via</p>	<p><input type="checkbox"/> Vehicles side door <input type="checkbox"/> Vehicles rear door</p>
<p>How often is the permit holder a driver of the vehicle?</p>	<p><input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Sometimes <input type="checkbox"/> Never</p>
<p>How often is the permit holder a passenger of the vehicle?</p>	<p><input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Sometimes <input type="checkbox"/> Never</p>
<p>Does the permit holder have a live-in carer?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Does the Permit Holder require use of a wheelchair?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Section 7: Applicant's Declaration (Required)

- I declare that all the information in the application is to the best of my knowledge, true and correct
- I understand that if the information is incomplete, the application may be delayed/ rejected or more information may be requested and accept delays in processing may arise out of any inadequacies in the material submitted in support of the application
- I acknowledge that if the information provided is misleading, any approval granted 'may be void'
- I declare that any electronic data provided is a true copy of all plans and associated documents submitted with this application. I declare that any electronic data is not corrupted and does not contain any viruses
- I understand that Council will use the information and materials provided for notification and advertising purposes if required.
- I have read, understood and agree to comply with Council's approval conditions

<p>Applicant's signature</p>		<p>Date</p>	<p>____ / ____ / ____</p>
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Privacy statement

This form contains personal information of a person/s making an application to Inner West Council. The requested information assists Council staff to respond to the applicant/s. The supply of information is voluntary. If you do not provide the requested information, Council may not be able to respond to / progress your application. The information will be retained in Council's record keeping system. Information held by Council is not made publicly available unless there is an overriding public interest to do so under the Government Information (Public Access) Act 2009 (GIPA Act) and in accordance with section 18(1)(b) of the NSW Privacy and Personal Information Protection Act 1998. For more information about your privacy please contact Inner West Council on (02) 9392 5000 and ask to speak with the Privacy Officer. Alternatively, you may email Council at council@innerwest.nsw.gov.au or write to us at P.O. Box 14, Petersham, NSW 2049.

How to Lodge

Lodging an application requires a completed application form, all mandatory documents, all relevant information and payment of the required fees.

From 27 April 2020, applications can be lodged online on Council's website at:
www.innerwest.nsw.gov.au/about/get-in-touch/online-self-service

- For applications being lodged in person or by mail, all documents must be contained on a USB device.
- All documents including plans must be submitted as separate PDF files, viewable in Adobe Acrobat – each document with clear (descriptive) file names.
- Security settings (including passwords and editing restrictions) must not be applied to electronic documents.
- Files larger than 5MB should be separated logically and supplied as separate PDF files.

Lodge online: www.innerwest.nsw.gov.au/about/get-in-touch/online-self-service

Lodge by mail: Inner West Council, PO Box 14, Petersham NSW 2049

Lodge in person: Inner West Council's Customer Service Centres:

- Ashfield – 260 Liverpool Road Ashfield.
- Leichhardt – 7-15 Wetherill Street Leichhardt.
- Petersham – 2-14 Fisher Street Petersham.

Opening hours: Monday-Friday, 8:30am-5:00pm www.innerwest.nsw.gov.au/ContactUs

Cashiering: 8:30am-4:30pm.

Fees and charges: This form does not necessarily include a comprehensive list of the fees that may be applicable. Council will advise you of any additional fees after assessment of the application and payment will be required prior to any approval. Find fees and charges on the Council website: www.innerwest.nsw.gov.au/FeesAndCharges

Cheques are to be made payable to: Inner West Council