



TOWN OF BELMONT OFFICE OF COMMUNITY DEVELOPMENT

**Homer Municipal Building
19 Moore Street
Belmont, Massachusetts 02478
Telephone: 617-993-2650 Fax 617-993-2651**

RESIDENTIAL ON-STREET ACCESSIBLE PARKING POLICY

I. Purpose of On-Street Accessible Parking Space

The Town may grant a designated on-street accessible parking space to a resident who can demonstrate that the granting of such a space will increase their ability to access/egress their home, given that a demonstrated and substantiated hardship exists. Accessible spaces are for use by anyone with an approved disability plate or placard—they are not reserved parking spaces. Overnight parking is not allowed in on-street accessible parking spaces and vehicles must be removed from the on-street accessible parking spaces during snow emergencies.

II. Application Eligibility

In order to apply for a residential accessible parking permit, a resident must possess:

- A current disability Plate or Placard, issued by the Massachusetts Registry of Motor Vehicles
- a letter from the applicant's physician attesting to the disability, the dependency on any mobility apparatus, and the need for an on-street parking space
- If a tenant, written permission from the property owner supporting the application

In addition, the residential property must satisfy at least one of the following conditions:

- for properties with a single car wide driveway: a width less than 10 feet
- for properties with a double car wide driveway: a width less than 18 feet
- a driveway slope greater than 5%
- a driveway cross slope greater than 2%

III. Off-Street Parking Information

If one or more of the eligibility conditions are satisfied, the applicant should respond to each of these question in the application narrative, as relevant:

- Can structural improvement be made to already available off-street parking to improve accessibility?
- If off-street parking exists, how many cars in depth and in length can park in the driveway or garage?
- Does the applicant rely upon the use of mobility apparatus, i.e., wheelchair lift or oxygen tank that renders existing parking inadequate? (Applicants need not necessarily make use of such apparatus to be granted a designated space).
- Will the requested space provide the most direct and/or convenient access between home and car?
- If the applicant is a resident in a multiple unit building, are a certain number of off-street spaces included in their tenant's lease?

- Does the granting of the designated space alter the existing ability of fire apparatus to access the area?
- Will the designated space adversely impact the existing traffic flow?

IV. The Application and Review Process

- Residents may submit to the Office of Community Development a completed application for an on-street accessible parking space, along with the required documentation.
- Within two weeks of receiving a completed application and the required documentation, representatives of the Office of Community Development will review the property to determine compliance with these requirements and present a recommendation to the Town Administrator.
- If the recommendation is in support of granting the space, the matter will be placed on the next available agenda, at the Chair's discretion, of the Select Board. The Select Board may request that the applicant, or the applicant's designee, attend the meeting. The Select Board must approve the placement of a handicap sign.
- If the Office of Community Development recommends against granting the space, the applicant will receive a notice of the adverse recommendation.

V. Appeal Process

To appeal the decision of the Office of Community Development, the applicant may write to the Town Administrator, who is the Town's Americans with Disabilities Act (ADA) Coordinator; this correspondence should outline the reasons for the applicant's disagreement with the adverse recommendation. Within a two-week time period, the ADA Coordinator will then inform the applicant as to whether the ADA Coordinator supports the decision of the Office of Community Development.

If the ADA Coordinator is in support of the Office of Community Development recommendation the applicant will receive notification and the matter is considered closed.

If the ADA Coordinator does not support of the Office of Community Development recommendation the matter will be placed on the agenda of the next regularly scheduled meeting of the Select Board. The Select Board may request that the applicant, or the applicant's designee, attend the meeting.

VI. Annual Permit Review

All signs are subject to an annual review by the Office of Community Development. In instances in which it is determined that the applicant no longer resides at the address, the Town will remove the sign at the Town's first opportunity.



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APPLICATION FOR ON-STREET ACCESSIBLE PARKING

Name: _____ Date: _____

Address: _____ Telephone: _____

Email: _____

Please read the Belmont Residential Accessible Parking Sign Policy prior to completing this application. If you have questions about the policy or the application process, please contact the Office of Community Development at the address or telephone number listed at the top of this application.

1. Do you own the residence? YES NO

If No, please provide written permission from the property owner supporting the application

2. Do you currently have off-street parking? YES NO

If Yes, please check all that apply:

- ☐ for properties with a single car wide driveway: width is less than 10 feet
- ☐ for properties with a double car wide driveway: width is less than 18 feet
- ☐ a driveway slope greater than 5%
- ☐ a driveway cross slope greater than 2%

3. Please attach the following information:

- ☐ a photocopy of a disability plate or placard, issued by the Massachusetts Registry of Motor Vehicles.
- ☐ a physician's letter attesting to the disability, the dependency on any mobility apparatus, if applicable, and the need for an on-street parking space;
- ☐ if a tenant, written permission from the property owner supporting the application

On an attached page, please present a narrative explaining why the granting of such a space will increase your ability to access/egress your home. In your explanation, please address the questions listed in Section III of the policy that are relevant to your application.

Please send your completed application and the required documentation to the Office of Community Development at the address listed at the top of this application.