

CITY OF COHOES

Policy and Procedures for On-Street Mobility Impaired Residential Accessible Parking Spaces

**Prepared by:
Cohoes City
Traffic Commission**

**Approved by: Cohoes City Traffic Commission
January 30, 2006**

I. Policy

Objective: It is the objective of this policy to accommodate the needs of the City for on-street mobility impaired residential accessible parking spaces when no off-street parking option is available.

Principles:

- On-street mobility impaired residential accessible parking spaces are not intended as a means to reserve a private parking space in front of an individual's house.
- Applications for on-street mobility impaired residential accessible parking spaces will not be processed for temporary or short-term use by the applicant.
- The decision to permit an on-street mobility impaired residential accessible parking space will be based on an evaluation of the available options and the specific needs of the applicant.
- The City of Cohoes prefers that parking for the mobility impaired be located off-street whenever feasible and appropriate.
- An on-street mobility impaired residential accessible parking space must comply with ADA requirements.
- The applicant should be the owner of the property. In the instance where the applicant is a tenant, a letter of support from the property owner must accompany the application in order for the application to be considered.
- The individual requesting the on-street mobility impaired residential accessible parking space is required to be interviewed by the **Capital District Center for Independence (CDCI)**. The **CDCI** will evaluate the individual's needs and provide the City of Cohoes with a letter of recommendation concerning the applicant's need
- The individual requesting the on-street mobility impaired residential accessible parking space is required to have their physician complete a **Medical Examination For City of Cohoes Handicap Residential Parking Signage Determination** form.

- On-street mobility impaired residential accessible parking spaces will only be considered when parking demands in the neighborhood do not allow the applicant to have general use of on-street parking convenient to their residence.
- All existing on-street mobility impaired residential accessible parking spaces will be documented and evaluated by the Traffic Commission and the Police Department for utilization. If the dedicated spaces are determined to be no longer required they will be removed. An on-street mobility impaired residential accessible parking space is available for use by anyone possessing a valid handicap placard issued by the Department of Motor Vehicles or the Police Department, and is not a reserved parking space for the applicant.
- On-street mobility impaired residential accessible parking spaces shall provide the shortest, and most reasonable, accessible path of travel to the residence.
- The number of mobility impaired residential accessible parking spaces allowed per block may be limited by the number of existing mobility impaired residential accessible parking spaces in proximity to the proposed mobility impaired residential accessible parking space location. Utilization of any existing space will be taken into consideration along with the specific needs of the applicant.

II. Procedures

Screening

To process an application for on-street mobility impaired residential accessible parking, the following questions must all be addressed:

1. Can the applicant's driveway be used for access by the mobility impaired person's vehicle? If the applicant's existing driveway is fourteen (14') feet in width, or wider, and the driveway meets the slope limits, the application will not be approved. (14 feet is the recommended minimum driveway width for persons confined to a wheelchair)
2. If the applicant's driveway is less than fourteen (14') feet, can the applicant's driveway be widened to accommodate the need for additional parking space? If the applicant's driveway can be made accessible to accommodate an additional off-site parking space, the application will not be approved.
3. Is the slope of the applicant's driveway in excess of 8.33%? If so, and an on-street space is feasible, the application may be approved.
4. Is the driveway of adequate length to accommodate a parked vehicle (minimum 20'-0" from face of structure to back of walk)?

5. Is on-street parking in the applicant's neighborhood block heavily utilized in the vicinity of the proposed space? (Utilization in excess of 70% is considered heavy.) If the on-street parking is heavily utilized, the application may be approved.
6. Is the request for the space of a long-term nature and not for temporary use? On-street spaces for a short term or temporary use will not be approved.
7. Will the on-street space be located in a flat area accessible by wheelchair with a slope less than 8.33%? On-street spaces cannot be approved in areas where the street slope exceeds 8.33%.
8. Is the on-street space located in proximity to a curb ramp or driveway approach for access to the sidewalk or walkway? If not, the requested space location may need to be revised, or a curb ramp may need to be installed to comply with ADA requirements.
9. Is there a park strip or landscape area between the curb and sidewalk? For van accessible loading and unloading, a concrete landing area may need to be constructed adjacent to the proposed space between curb and sidewalk.
10. Is there an existing on-street mobility impaired residential accessible space in proximity that can be utilized by the applicant? An on-street space may not be approved if there is an existing space in proximity to the requested space. Utilization of any existing space will be taken into consideration along with the specific needs of the applicant.
11. Is there homeowner's association, police officer or neighborhood input regarding the space? Though not required to be submitted by the applicant, input from any, or all, of these groups may be considered in reviewing applications for an on-street space.

Submittal Requirements

For Traffic Commission analysis of the request, the following information is required to be submitted:

1. A completed application. An application may be obtained from the *Secretary of the Traffic Commission*.
2. A ***Medical Examination For City of Cohoes Handicap Residential Parking Signage Determination*** form completed by the applicant's physician.
3. Proof of a mobility impaired parking placard from the applicant, (including number and color) or disabled license plate number.
4. Proof of residency i.e. copy of a tax or utility bill or a residential occupancy permit and a

valid identification

5. Written justification from the applicant for requesting the installation of an on-street mobility impaired residential accessible parking space in-lieu of using the driveway.
6. The applicant is required to be personally interviewed by the ***Capital District Center for Independence, Inc.*** 855 Central Avenue, Suite 110, Albany, NY 12206. Telephone Number: 518-459-6422 Failure to have or permit the interview will result in the application being denied.
7. There shall be no fee for processing of an on-street mobility impaired residential accessible parking space request.
8. If approved, there shall be no fee for the installation of an approved on-street mobility impaired residential accessible parking sign.
9. If the applicant's original submission was denied, there must be substantial change in the facts and/or medical condition of the applicant before requesting a re-evaluation of the Commission's decision.

Analysis of Application

1. Review submitted material from applicant.
2. Based on this policy, determine if there is adequate justification to allow an on-street space to be installed in-lieu of the applicant using the driveway.
3. If not justified, explore alternative options with the applicant including their widening of their driveway.
4. Review the existing accessibility of the applicant's driveway. If the driveway is currently fourteen (14') feet or wider, and does not exceed slope limits, the application will be denied.
5. Conduct site investigation with consultation of the applicant, if necessary. The site is surveyed for parking utilization and existing mobility impaired residential accessible parking spaces in the area.
6. Determine if there is a shortage of on-street parking in the area. The utilization of on-street parking spaces in the vicinity of the proposed space must exceed 70%, if parking in the area is to be defined as heavy.
7. Verify that the slope of the pavement in the vicinity of the proposed space does not exceed a slope of 8.33%.

8. A curb ramp or driveway must be located in proximity to the mobility impaired residential accessible on-street parking space to comply with ADA requirements. If not, one must be constructed by the applicant where an on-street mobility impaired residential accessible parking space sign may be approved and prior to its installation.
9. Review any written support documents submitted by the applicant from neighbors in the area or by the homeowner's association. If necessary, confer with the adjacent neighbor, property owner, Police Officer and/or Homeowner's Association regarding the possible installation.
10. The Traffic Commission will complete the necessary office and field work, and respond to the applicant within four (4) weeks from the date of a complete application submittal.
11. If approved, the Traffic Commission will issue a Regulation for installation of the on-street physically challenged accessible sign.
12. The actual limits of the on-street physically challenged accessible space and sign location are determined in the field by City of Cohoes OGS staff for proper installation of the sign

Annual Re-application

1. All approved on-street mobility impaired residential parking space applications expire on June 30th.
2. For an on-street mobility impaired residential accessible space to remain, the applicant will be required to fill out and submit an annual re-application form to the Traffic Commission. This re-application form will be mailed by Certified Mail to all applicants with a previously approved space and sign.
3. There will be no charge for annual re-application.
4. If no re-application form is received within thirty (30) working days, staff will attempt a second means of contact. This may include a second letter, a phone call, an e-mail or a personal visit by staff to the residence. Should no response be forthcoming from the applicant within fourteen (14) calendar days, the sign will be removed.
5. Valid identification of the applicant is required, i.e. current driver's license and proof of residency i.e. copy of a tax or utility bill or a residential occupancy permit.

Application for Removal

1. An on-street mobility impaired residential accessible sign can be removed following the submittal of a written application for removal.
2. The applicant must present proper identification.

3. If a party other than the person who requested the space installation submits the application for a deceased person, a certified *Certificate of Death* is required.
4. If a party other than the person who requested the space installation submits the application for removal, the original applicant is contacted to determine if the space is still being used.
5. OGS may obtain Police Department input as necessary regarding observations of on-street mobility impaired residential accessible space utilization.
6. If determined to be active or currently being used by others, notify the individual initiating request for removal.

Procedure Review

1. The on-street mobility impaired residential accessible parking space procedures will be reviewed by the Traffic Commission periodically to determine their applicability and approach to customer service.

Tracking

1. The City of Cohoes, at the discretion of the Mayor, will conduct both a database query and field survey to determine the number and location of all existing on-street mobility impaired residential accessible parking spaces.
2. A database will be created, and maintained by City of Cohoes, for the tracking of pertinent information related to all on-street mobility impaired residential accessible parking space.

CITY OF COHOES
APPLICATION FOR MOBILITY IMPAIRED RESIDENTIAL ACCESSIBLE SIGN

APPLICANT'S NAME: _____

ADDRESS: _____

TELEPHONE: _____ FLOOR: (1ST, 2ND, etc.) _____

NUMBER OF INTERIOR AND EXTERIOR STAIRS TO RESIDENCE: _____

IS APPLICANT: HOMEOWNER: _____ TENANT: _____

REASON FOR REQUESTING SIGN:

DOES APPLICANT'S RESIDENCE HAVE DRIVEWAY OR CURB RAMP? YES: _____ NO: _____

DRIVEWAY WIDTH: _____

IS THERE A DRIVEWAY OR CURB RAMP NEAR RESIDENCE? YES: _____ NO: _____

IS APPLICANT THE OPERATOR OF A MOTOR VEHICLE? YES: _____ NO: _____

IF THE APPLICANT IS NOT THE OPERATOR OF A MOTOR VEHICLE, THE PERSON PROVIDING THE TRANSPORTATION SERVICES IS:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED ABOVE IS ACCURATE AND UNDERSTAND THAT THE DELIBERATE MISREPRESENTATION OF THE FACTS COULD BE A CAUSE FOR ACTION BY THE TRAFFIC COMMISSION OF THE CITY OF COHOES AND THAT FALSE STATEMENTS ARE PUNISHABLE AS PERJURY.

SIGNED: _____ DATE: _____

**INSTRUCTIONS FOR COMPLETING THE CITY OF COHOES
APPLICATION FOR MOBILITY IMPAIRED RESIDENTIAL ACCESSIBLE SIGN**

DOCUMENTATION TO BE PROVIDED BY APPLICANT WITH APPLICATION:

- 1) **COPY OF MOBILITY IMPAIRED PARKING TAG ISSUED BY *COHOES POLICE DEPARTMENT* OR *NEW YORK STATE* DISABLED LICENSE PLATE NUMBER.**
- 2) **PROOF OF RESIDENCY i.e. COPY OF TAX OR UTILITY BILL OR RESIDENTIAL OCCUPANCY PERMIT.**
- 3) **VALID IDENTIFICATION.**
- 4) **IF APPLICANT IS NOT THE HOMEOWNER, A LETTER OF RECOMMENDATION FROM THE HOMEOWNER.**
- 5) ***MEDICAL CERTIFICATION* FORM COMPLETED BY APPLICANT'S PHYSICIAN.**

ALL REQUESTED INFORMATION ON THE APPLICATION MUST BE PROVIDED. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.

PLEASE RETURN COMPLETED APPLICATION AND COPIES OF DOCUMENTATION TO:

***SECRETARY OF THE CITY OF COHOES*
TRAFFIC COMMISSION
CITY HALL, COHOES, NY 12047**

UPON RECEIPT OF A COMPLETED APPLICATION, AN INTERVIEW WITH THE APPLICANT WILL BE SCHEDULED BY THE *CAPITAL DISTRICT CENTER FOR INDEPENDENCE* (CDCI). THE *CDCI* WILL PROVIDE THE CITY WITH WRITTEN RESULTS OF THEIR INTERVIEW.

ANY QUESTIONS MAY BE DIRECTED TO THE *SECRETARY* AT 233-2127.

**MEDICAL CERTIFICATION FOR CITY OF COHOES
HANDICAP RESIDENTIAL PARKING SIGNAGE
DETERMINATION**

I. PATIENT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone Number: (____) _____ - _____ Date of Birth: _____

**II. AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
AND NOTARY PUBLIC AFFIRMATION**

I authorize the examining physician to disclose to the City of Cohoes any information provided, conditions revealed and functional limitations identified, as a result of the examination given. I understand that this information will be treated as confidential. I acknowledge that any false statement or information made on this Medical Certification is punishable as perjury.

Patient's Signature: _____ Date: _____

Sworn and subscribed to before me this _____ day of _____, 20__

(Notary Seal)

Notary Public Signature

III. MEDICAL INFORMATION (FUNCTIONAL LIMITATIONS)

Check (X) in column that applies. Write an explanation in box if either *Moderately* or *Very Limited* box is checked.

Physical Functioning	No evidence of limitations	Moderately limited	Very Limited	Explanation (Explanation should address if limitations are permanent or temporary)
Walking (Distance in Feet Required)				
Standing				
Lifting, Carrying				
Bending				
Seeing or Hearing				
Using Hands				
Stairs or other Climbing				
Other: _____				

IV. PHYSICIAN INFORMATION AND NOTARY PUBLIC AFFIRMATION

Physician Name (please print): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number : (____) _____ - _____ Fax Number: (____) _____ - _____

I ACKNOWLEDGE THAT ANY FALSE STATEMENTS OR INFORMATION ON THIS MEDICAL CERTIFICATION IS PUNISHABLE AS PERJURY.

Signature of Physician: _____ Date: _____

Sworn and subscribed to before me this _____ day of _____, 20____

(Notary Seal)

Notary Public Signature