



City of Santee  
 Department of Development Services  
 10601 Magnolia Avenue, Santee, CA 92071  
 (619) 258-4100, ext. 167  
 (619) 562-9376 fax

## RESIDENTIAL ON-STREET DISABLED PERSONS PARKING (BLUE ZONE) APPLICATION

Applicant's Name (please print): \_\_\_\_\_

Applicant's address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address (optional): \_\_\_\_\_

Telephone numbers: \_\_\_\_\_

Disabled Persons License Plate and Placard number: \_\_\_\_\_  
 (Provide copy of placard to City.)

You must provide a written statement from the **owner of your home** that you have either no off-street parking where you live, or why the available off-street parking is inadequate or unavailable to accommodate your needs. (All information is subject to verification by the City.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You must provide written name/signature, address, and telephone number of each adjacent property owner. (Subject to verification by the City.)

<u>Name/Signature</u>	<u>Address</u>	<u>Indicate Owner or Renter</u>	<u>Phone Number</u>
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1. Printed: \_\_\_\_\_

Signature: \_\_\_\_\_

2. Printed: \_\_\_\_\_

Signature: \_\_\_\_\_



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(Continued)

I certify that the information provided is correct. I also give permission to the City of Santee Department of Development Services to verify all information necessary to verify the need for this designated parking space. The City of Santee Department of Development Services reserves the right to deny, remove, and/or change the designated on-street disabled persons parking space.

I agree each year to submit a copy of my placard in order to maintain the designated on-street disabled persons parking space. Also, I understand that the Blue Zone will be available to all qualifying members of the public and is not a reserved parking space, and that the Blue Zone will not be exempt from street sweeping, parking restrictions or other applicable part-time prohibitions that may be implemented.

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_