

## Application for advisory disabled persons parking bay

### ***Please Read the Information Below Before Completing the Form***

The following criteria apply to all applicants:

- **You must be a current Blue Badge holder.**
- **You must have a severe mobility issue.**
- **You must be a car owner/driver, or live with a car owner/driver.**
- **You should not have off-street parking, for example a driveway or garage** (if you have these facilities but are unable to use them, please explain why at the end of the form)
- **Your road should be an adopted public highway; in most cases we cannot install bays on private roads.**

It is not always possible to provide a bay due to the proposed location being situated near a junction, bend or where there is restricted width of the carriageway as this would compromise road safety. Other locations where it is not possible to provide a bay include areas where there are already a large number of bays installed, where there are parking restrictions in place or within a Residents Parking Zone.

Please note this type of bay is advisory only and may be used by any other driver, including non-Blue Badge holders. This bay is unenforceable and relies on the goodwill of other drivers to leave the bay clear for those who require it. We recommend discussing the possible installation of a bay near your property with your neighbours prior to completing an application.

If you satisfy the above criteria and wish to apply for a bay please complete the application form in full and return it to the address above, including a recent proof of address (e.g. a utility bill dated within the last 6 months) and a copy of the vehicle V5 document. Once a decision has been made you will be notified of the outcome by post or email within 6 weeks. Failure to complete this form in full or to include relevant documentation may delay the processing of your application.

*If you have any questions then please contact us using the details above.*

### **PERSONAL DETAILS:**

Title	<input type="text"/>	Surname	<input type="text"/>	First names	<input type="text"/>
Address	<input type="text"/>			Telephone number	<input type="text"/>
				Date of birth	<input type="text"/>
E-Mail address	<input type="text"/>				
Blue Badge number	<input type="text"/>	Expiry date	<input type="text"/>		

**Is this a request for the re-paint of an existing bay?**

**DRIVER / VEHICLE DETAILS:**

Will the vehicle be parked in the bay at all times other than when you are using it?

Do you have a driveway?  Do you have a garage?

Do you drive the vehicle yourself?

**If you (the applicant) are not the driver please complete the following:**

Full name of the driver

The driver's relationship to you  
(e.g. husband, carer)

Does the driver live at the above address?

**Please remember to include a recent proof of address for yourself and the driver (e.g. a utility bill dated within the last 6 months) and a copy of the vehicle V5 document.**

Please explain in the box below why you require a bay. Please include information on your disability, the issues with parking in your area and any other information you can provide to support your case. (Continue on a separate sheet if necessary).

I confirm that the above information is correct. I understand that if this application is approved the parking bay would only be advisory and no formal enforcement would be offered. Although the bay would be installed at the request of a specific individual it may be used by any other driver. I will arrange for Bath & North East Somerset Council's Parking Services department to be informed if I no longer require the bay.

Data Protection: The Council will process any personal information in accordance with the Data Protection Act 1998. The Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, please visit: <http://www.bathnes.gov.uk/services/your-council-and-democracy/data-protection-and-freedom-information>

Signature

Date

**FOR OFFICE USE ONLY**

Reference Number: \_\_\_\_\_

Granted / Refused (delete as applicable) Date: \_\_\_\_\_

Officer name: \_\_\_\_\_

Job Number: \_\_\_\_\_

Order Number: \_\_\_\_\_

Comments: \_\_\_\_\_