



Revenue Branch
 1435 Water Street
 Kelowna, BC V1Y 1J4
 250 469-8757
 kelowna.ca/parking

Special Parking Permit Program People With Disabilities Application

TO BE FILLED OUT BY: PERSON WITH PHYSICAL DISABILITY

Please print clearly

Last Name:		First Name:		Middle Initial:
Address:				
City:			Postal Code:	
Home Phone:		Work Phone:		
Type of Mobility Impairment:				
<p>READ THIS CAREFULLY</p> <p>I agree to be responsible for the appropriate use of this permit. This permit authorizes the parking of a vehicle in a designated disabled parking stall for the purpose of unloading the disabled person to whom this parking permit is issued and leaving the vehicle parked as long as required to benefit the disabled person only and in compliance with City parking regulations. The permit shall be displayed from the rear view mirror for easy viewing. I agree to be responsible for the use of this permit and if mis-used in any way, the City of Kelowna may revoke the special parking permit at any time.</p>				
SIGNATURE			DATE	

TO BE FILLED OUT BY: PHYSICIAN

Since there are a limited number of designed parking stalls available, please consider whether a parking placard is a necessity or a convenience for the applicant.

PLEASE CHECK ALL APPROPRIATE BOXES

- IS THE APPLICANT:
 - a permanent wheelchair user?
- DOES THE APPLICANT USE AND DEPEND ON:
 - braces that reach above the knee level?
 - artificial leg(s) with an artificial knee joint?
 - elaborate walking aids (i.e. not canes) on a permanent basis?
 - personal assistance at all times?
- DOES THE APPLICANT:
 - temporarily depend on wheelchair use (i.e. more than a month)?
- DOES THE APPLICANT:
 - suffer from a permanent cardiovascular, respiratory, neurological or orthopedic condition that makes walking a distance of 200 m impossible or significantly burdensome?
- If none of the previous conditions applies but you feel it is still a "necessity" for your patient to have a parking permit, explain:

PLEASE CHECK ONE OF THE FOLLOWING:

Temporary disability

Date of anticipated recovery

A temporary placard will not be issued without an anticipated date of recovery

Permanent disability

PHYSICIAN'S NAME:	
ADDRESS:	
CITY:	POSTAL CODE:
PHONE:	
PHYSICIAN'S SIGNATURE:	DATE:

(Original signatures only please - stamps and photocopies will not be accepted)

SPECIAL NOTES

1. Permit Fee - \$10.00 (plus HST).
2. One Permit per person will be issued.
3. Permits issued for permanent disabilities must be renewed every three years (based on date of issue).
4. Temporary Permits will be issued for up to a maximum of one year.
5. All applications are to be accompanied by a permit fee of \$11.20 payable to the City of Kelowna.

APPLY

Forward your application to:

Revenue Branch, City Hall, 1435 Water Street, Kelowna, BC V1Y 1J4

FOR OFFICE USE ONLY:

PERMIT DENIED:

Reasons: _____

PERMIT APPROVED:

TYPE: Permanent: Temporary:

Issuance Date: _____

Expiry Date: _____

Approval Signature