



# CITY OF OAKLAND

## NON-RESIDENTIAL DISABLED PARKING ZONE (DPZ) APPLICATION FORM

Mail this form to: Transportation Services Manager  
City of Oakland  
Transportation Services Division  
250 Frank H. Ogawa Plaza, Suite 4344  
Oakland, CA 94612

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I request to install a Disabled Parking Zone (Blue Zone) for the following facility or business:

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

Facility or Business Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Type of Facility or Land Use Description: \_\_\_\_\_

Days and Hours of Operations: \_\_\_\_\_

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Prepared By: Print Name of Preparer	Title	Signature
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Preparer Phone No.	Cell No.	E-mail
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Print Name of Contact Person (if different from Preparer)	Title	Signature
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Contact Person Phone No.	Cell No.	E-mail
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Is the DPZ space requested intended for use by customers, patrons, employer, employees, teachers, students, buses, tenants, staff, patients, seniors, caregiver, taxi cabs, shuttles, paratransit vehicles, emergency vehicles, delivery vehicles/trucks, or other vehicles or visitors? (please specify)

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What is the estimate average number of vehicles per business day which would utilize the DPZ space you are requesting? \_\_\_\_\_

Is off-street parking available at your facility?  Yes  No

If yes, are these spaces accessible to persons with disabilities?  Yes  No

Are on-street parking spaces frequently not available?  Yes  No

Are on-street parking spaces controlled by parking meters?  Yes  No

Is there another DPZ space in the same block?  Yes  No

If off-street DPZ parking is available, how many are there? \_\_\_\_\_

If off-street DPZ parking is available, why is an on-street DPZ needed?

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If off-street DPZ parking is not available, please state why? \_\_\_\_\_

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

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