

Mobility Parking Bay

Effective from July 2024 to June 2025

Under Road Rules, Roads Act, 1993 and Local Government Act 1993

About this form

Use this form to apply for a mobility parking bay in a residential area.

You must complete all sections of the form. If you need help filling the form out, please contact the Traffic and Transport section to arrange a time. Refer to Council's Disabled Parking Policy available on Council's website.

Assessment can take up to 6 weeks, application DOES NOT guarantee approval. If approved: -

- · The on-street mobility parking bay can be used by ANY holder of a MPS Permit
- The Applicant will be required to contact Council to renew the mobility parking bay every year

Please call our Customer Service Centre on (02) 9391 7000 for any assistance.

Applicant	t	
Title:		
Full name:		
Address:		
Phone:	Email:	

Reason for requested Disabled Parking Bay

1.	Does the above address have any off-street parking?		Yes:	No: 🗌			
2.	Does the permit holder (or carer) have access to off-street parking?		Yes:	No: 🗌			
3.	Does the permit holder (or carer) own and drive the vehicle registered to	o the above address?	Yes:	No: 🗌			
4.	Who will park their vehicle in this parking bay?	Permit holder:	Carer: 🗌	Other:			
5.	Access to the vehicle for the permit holder is usually via:	Front door: 🗌 Rear d	oor: 🗌 Sid	e door: 🗌			
6.	Is the applicant's property disabled accessible? (e.g. ramp to the door)		Yes: 🗌	No: 🗌			
Wł	What are the existing parking restrictions at this location?						

Mobility Parking Scheme (MPS) details								
MPS Permit Holder name:								
MPS Permit typ	pe:	🗌 Туре А Ре	rmanent	🗌 Туре В	Organisati	on 🗌] Type C Tempo	orary
MPS Permit no	b :				М	PS Permit e	expiry date:	
Supporting de	ocur	nents (You i	must attach	the following	g docume	nts)		
				ermit – front a t from pouch				led. Photo and name
gas account	t, telej		it, home, and	l contents insu				nt, electricity account, DT acceptable. <i>Front</i>
Copy of vehi	icle re	egistration – v	ehicle must	t be registere	d to the ap	oplicant's re	esidential addre	SS
Medical repor	rt (Tł	his section m	ust be com	pleted by a r	egistered	medical pr	actitioner)	
Practitioner's name:							Provider no:	
Medical Profession:								
Business address:								
Business phone:					Email:			
I certify that that the applicant is unable to walk because of permanent or temporary loss of the use of one or both legs or other permanent medical or physical condition, or whose physical condition is detrimentally affected as a result of walking 100 metres								
AND / OR								
☐ I certify that similar mobil			equires the ι	use of crutche	s, a walkin	g frame, call	lipers, scooter, w	heelchair, or other
I certify the applicant's condition is:								
Other comments:								

Practitioner's signature

Date

Conditions (For full conditions please see Council's Disabled Parking Policy)

Applications for mobility parking bays will only be considered for residents who have a valid Mobility Parking Scheme (MPS) Permit, and who do not have off-street parking. Residents may be eligible for a mobility parking zone if the following is met:

- 1. The applicant lives permanently at the residential address in Woollahra.
- 2. The resident (or their carer) owns a vehicle which is registered at the residential address in Woollahra.
- 3. The property does not have off-street parking and is located a minimum of 400 metres away from a retail area.
- 4. There is permissive kerbside parking which will permit the disabled parking zone to be located wholly adjacent to their place of residence (that is, the disabled parking zone will not have to be located adjacent to another person's property).
- 5. The applicant will have their disability for a 12-month period or more.
- 6. The applicant can demonstrate that their house is accessible.
- 7. Council may refuse a mobility parking zone application in areas where parking is in high demand, where an existing mobility parking zone is in close proximity or where alternative parking arrangements are available

Assessment

- 8. A mobility parking zone application shall be reported to the Local Traffic Committee for approval and subsequently reported to Council for final approval.
- 9. If the request is granted, one temporary on-street parking space will be sign posted as disabled. There will be no installation of line-marking, logos or ramps for this type of mobility parking space.
- 10. The Mobility Parking Zone shall be introduced for a trial period of 12 months from the date of signposting installation and will only be extended by request from the applicant.
- 11. The Applicant shall be required to pay for all costs associated with installing a Mobility Parking Zone in accordance with Council's advertised schedule of fees and charges.
- 12. The Applicant shall be advised that a Mobility Parking Zone is for use by any vehicle displaying a valid Mobility Parking permit and is not for exclusive use by the Applicant.
- 13. The applicant must advise Council if their circumstances, under which they made the application for a mobility parking space, change.
- 14. The applicant must re-apply for the zone to be renewed annually. At the annual review, the Applicant is required to provide proof of currency of their residence, vehicle registration and mobility-parking permit.
- 15. At Council's sole discretion, it may remove a mobility parking zone at any time, with two weeks' notice to the applicant.

Declaration and signature

I	
I	

declare that

the information provided on this application is true and complete.

Applicant's signature

Date

Schedule of Fees (Fees are valid until 30 June 2025)

Type of fee	Fee \$	Receipt code
Application fee	\$0	n/a
Disabled Parking Sign Installation – per sign	\$0	T110
Disabled Parking Zone Annual Renewal Late Fee – sign reinstallation	\$255.00	T110

For more information about Privacy & Personal Information Policy: www.woollahra.nsw.gov.au/privacy

Lodgement details						
Mail to:	Woollahra Municipal Council PO Box 61 Double Bay 1360	In person:	Council Chambers 536 New South Head Road Double Bay NSW 2028			
Email:	records@woollahra.nsw.gov.au	Telephone:	(02) 9391 7000			

Website: www.woollahra.nsw.gov.au

Payment methods:

Payment can be made at our Customer Service Department by the following methods: cash, EFTPOS, Money Order cheque (make cheques payable to Woollahra Council), or credit card – American Express, MasterCard or Visa.

Credit card payments will incur a processing fee.

OFFICE USE ONLY	
CSO Name:	
Assessment (to be completed by Assessing Traffic Engineer)	
Assessing Traffic Engineer:	
Date completed:	
Comments:	