



City of Alameda

Public Works Department

Policy for Residential Disabled Parking Zones (RDPZ)

POLICY

The RDPZ Program is intended to assist drivers with mobility impairments who cannot otherwise gain ready access to their residence. This policy has been established to ensure that:

1. RDPZ's are installed where there is a demonstrated and documented need for a parking space designated for persons with disabilities on the residential street where they live, and
2. There are no other reasonable and feasible parking alternative available outside of the public right-of-way.

In general, a RDPZ consists of a blue painted curb, 22 feet long, a posted sign, and an international symbol of accessibility marking in the roadway. If approved, the location of the requested RDPZ will be next to an existing pedestrian curb ramp within the vicinity of the applicant's residence. This will often be at an intersection corner closest to the residence, but engineering judgment may be used to select a more reasonable location. A driveway curb cut is not the same as a pedestrian curb ramp.

A RDPZ is not a personal parking space, and any motorist with a valid disabled placard may legally use the parking space. In addition, vehicles parked in the RDPZ are not exempt from (A) posted parking restrictions, such as street sweeping hours, and (B) other pertinent parking restrictions/prohibitions as stated in the California Vehicle Code and Alameda Municipal Code. Motorists, who park their vehicles in violation, may be cited. The City does not install RDPZ's for paratransit pick-up and/or drop-off.

Meeting the requirements listed in this policy does not guarantee the approval of a request. If the RDPZ is approved, the City will install the RDPZ at no cost to the applicant. Once installed, the City will periodically check, at a frequency of no more than once a year, the validity of the RDPZ. The applicant must respond and verify that they are still living at the address on their application and have a current DMV issued disabled parking permit to have the RDPZ maintained. Otherwise, the City may remove the RDPZ, as necessary. RDPZ's are created through revocable permits. The City reserves the right to remove a RDPZ if it is determined to be in the best interest of the public to do so.

PROCEDURE

The resident shall submit a completed RDPZ application form to the City of Alameda Public Works Department. Staff will review the application for completeness and determine if it is eligible for review. To be eligible, the applicant shall submit the following documents:

1. A signed letter from a qualified physician stating that the applicant has a **long-term medical disability that makes it difficult to walk distances.**

2. Written documentation, with photographs, demonstrating that there is no driveway, off-street parking area, or garage on site that can be used by the applicant to provide for parking within the medical restriction noted in number 1.
3. A copy of the applicant's current and valid disabled parking permit issued by the DMV.
4. A copy of the applicant's current and valid driver's license.
5. A copy of the applicant's current and valid vehicle registration with the applicant's name and current residence listed.
6. If the applicant is not the property owner, written approval from the property owner, of record, accepting the installation of a RDPZ directly in front of the property.
7. A signed **Liability Waiver and General Release of All Claims**. If applicant is not the property owner, the property owner's approval of the Liability Waiver and General Release of All Claims will also be required.

Additionally, the application may not be eligible if any of the following criteria are met. This determination may occur at any time during the process.

- A. There is an existing disabled parking zone on the same block, on the same side of the street as the applicant's residence.
- B. Through engineering judgment, staff determines that the parking use in the area would make it significantly difficult for the applicant to use the RDPZ. This may include any factor that would increase the probability of motorists, with a valid disabled parking placard, parking in the RDPZ, such as nearby multi-unit properties or health facilities. Although this would be a legal use of the parking space, this would defeat the purpose of providing the improvement and it would leave the original concern unaddressed.

If the application is complete and eligible for review, staff will:

1. Conduct a field review of the location,
2. Send notices to all properties within 300 feet of the requested RDPZ to collect comments on the request,
3. Review the responses,
4. Determine a final recommendation,
5. And send a notice announcing the final recommendation. The notice will also provide information on how to appeal that decision. Please see the Alameda Municipal Code for additional information regarding the appeal process.

Approved:

Signed by:

Erin Smith
Public Works Director

7/2/2025

Date



City of Alameda

Public Works Department

Residential Disabled Parking Zone (RDPZ)

Application

To: City of Alameda Public Works Department
 Land Development and Transportation Division
 950 West Mall Square, Room 110
 Alameda, CA 94501

Date: _____

I request the installation of a RDPZ for the following address and zip code:

Address _____ Zip Code _____

Daytime Phone Number _____ E-mail Address _____

Print Name _____ Signature _____

If the application is approved, the City must send out notices to the neighborhood stating that the proposed RDPZ will be adjacent to your residence. The City cannot proceed with the request without doing so. Do you consent to City using your address in notices? ☐ Yes ☐ No

Does your residence have a garage, driveway, carport, or off-street parking area? ☐ Yes ☐ No

IF YOU ANSWERED YES, please explain why you are unable to use the off-street parking. If there are physical site constraints, please explain why minor physical improvements to the garage, driveway, carport, off-street parking area, or property frontage, cannot be made to provide the necessary accessibility to your residence. Use additional pages if necessary.

Please include all of the following information in your application. Incomplete applications will not be processed and will be returned to you.

1. A signed letter from a qualified physician stating that the applicant has a long-term medical disability that makes it difficult to walk distances long distances.

2. Written documentation, with photographs, demonstrating that there is no driveway, off-street parking area, or garage on site that can be used by the applicant to provide for parking within the medical restriction noted in number 1 above.
3. A copy of the applicant's current and valid disabled parking permit issued by the DMV.
4. A copy of the applicant's current and valid driver's license.
5. A copy of the applicant's current and valid vehicle registration with the applicant's name and current residence listed.
6. If the applicant is not the property owner, written approval from the property owner, of record, accepting the installation of a RDPZ directly in front of the property.
7. A signed **Liability Waiver and General Release of All Claims**. If applicant is not the property owner, the property owner's approval of the Liability Waiver and General Release of All Claims will also be required.

In addition, please voluntarily answer the following questions to help us understand how the RDPZ will be used:

1. What type of vehicle are you requesting the RDPZ for?
☐ Regular Automobile ☐ Converted Automobile ☐ Other: _____
 Make: _____ Model: _____ Year: _____
2. How do you enter and exit your vehicle? (check all that apply)
☐ Driver side Door ☐ Passenger Side Door ☐ Passenger Side Lift
☐ Rear Lift ☐ Other: _____
3. What mobility aids do you use?
☐ Manual wheelchair ☐ Power wheelchair ☐ Scooter
☐ Crutches/canes ☐ Other: _____

For Staff Use Only:

Application Approved: ☐ Yes ☐ No

INCLUDED:

- | | |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. Letter from qualified physician |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Off-street Parking Documentation |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. Disabled Parking Permit |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Driver's License |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Vehicle Registration |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. Property Owner Approval (if not Applicant) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. Liability Waiver - Applicant |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8. Liability Waiver – Property Owner (if not Applicant) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Additional Questions |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. No RDPZ on the same block |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Consent to use address in notices |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Notice Sent to Residents within 300 feet |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Comment(s) from Residents in Support of the Request |

Notes:

Liability Waiver and General Release of All Claims

The Residential Disabled Parking Zone program ("Program") is a purely voluntary program offered by the City of Alameda ("City"). I, _____ ("Applicant"), hereby acknowledge that I am voluntarily participating in the Program. I hereby assume full responsibility for all liability and all risk of injury or loss, including death, which may result from my participation in this program. I hereby agree to hold harmless, release, waive, forever discharge and covenant not to bring legal action or claim against City, its City Council, boards, commissions, officials, and employees ("Indemnitees") from any and all claims or demands I may have by reason of any accident, illness, injury or death, or damage to or loss or destruction of any property, arising or resulting directly or indirectly from my participation in the Program and occurring during such participation or any time subsequent thereto. Absent the sole or active negligence or willful misconduct of the Indemnitees, this Liability Waiver and General Release of All Claims applies whether or not such loss, injury or death is caused or alleged to be caused by any act or omissions by Indemnitees or other parties, negligent or otherwise, related to my participation in the Program. This Liability Waiver and General Release of All Claims is binding and my heirs, executors, administrators and all of my family members.

I, the Applicant, affirm that the information that I have provided is true.

Print Name (Applicant)	Signature	Date
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Address of Residency	Zip Code
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The following portion of this Liability Waiver and General Release of All Claims must be completed if the Applicant is not the Property Owner:

I, _____ ("Property Owner" of the Applicant's residency), hereby acknowledge that I am also voluntarily participating in the Program and agree to all of the conditions stated on this Liability Waiver and General Release of All Claims.

I, the Property Owner, affirm that the information that I have provided is true.

Print Name (Property Owner)	Signature	Date
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Mailing Address	City	Zip Code
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