

TRAFFIC ENGINEERING STAFF REPORT

Agenda Item D-1. Disabled Person On-Street Parking Space November 3, 2009

OBJECTIVE

To consider a request to install a disabled person on-street parking space in front of 9521 Maureen Drive.

BACKGROUND/DISCUSSION

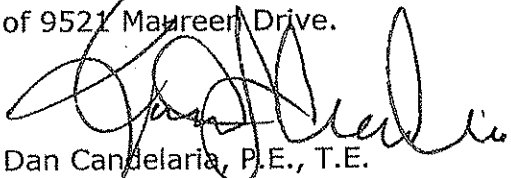
The City has received a request from Mr. Arthur Santos, manager of a housing complex at 9521 Maureen Drive, to install a disabled person on-street parking space. Mr. Santos submitted the application on behalf of Ms. Sherri Waldroupe, one of the tenants within the complex.

In order for a disabled person on-street parking space to be installed in a residential area, four conditions must exist. After a field review and a conversation with Mr. Santos, staff has determined that the criteria have been satisfied.

It should be noted that while Ms. Waldroupe does not possess a driver's license, the space would allow for friends and family to transport Ms. Waldroupe more conveniently using her disabled person placard. The space also may be used by any person with a disabled person placard or disabled person license plate.

RECOMMENDATION

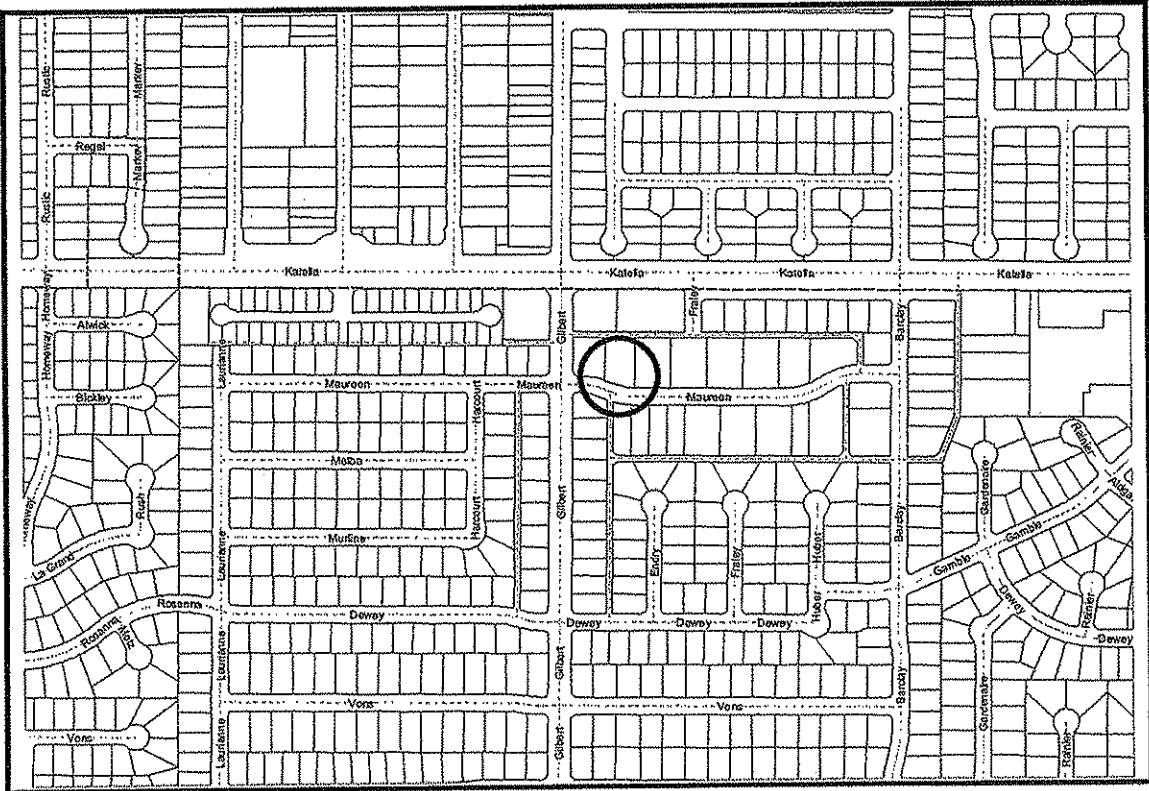
It is recommended that the Traffic Commission receive public input and approve staff's recommendation to install a disabled person on-street parking space in front of 9521 Maureen Drive.



Dan Candelaria, P.E., T.E.
Executive Secretary

Attachments: Vicinity Map
Application
Traffic Engineering Policy TE 2 (Revised)

VICINITY MAP



Agenda Item D-1



N

Arthur Santos, Manager of Complex
714-797-3930
CITY OF GARDEN GROVE

APPLICATION

DISABLED PERSONS ON-STREET PARKING IN RESIDENTIAL AREAS

(Please Type or Print)
Applicant's Name Sherri Waldroupe
Address 9521 Maureen Dr #A
City Garden Grove CA Zip 92841
Telephone No. () _____

1. Is the above address the proposed location for the disabled parking space?
Yes No ___ If not, please indicate appropriate address below:
Address _____
City _____
2. Do you own the property at this address or are you renting it?
I own the property ___ I am renting it Other ___
If other, explain _____
3. Is the applicant the disabled person? Yes No ___
Spouse ___ Parent ___ Guardian ___ Relative ___ Other ___
Name of disabled person: _____
4. Do you have a valid "disabled persons" license plates (DP or VT plates)?
Yes No ___ Please indicate the disabled placard or license plate number: 373265H
Exp. Date: 6-30-11
5. Does the applicant have a valid driver's license:
Yes ___ No Please indicate the license #: _____ Exp. Date: _____
6. Is there a driveway or other off-street spaces available at this address
that may be used for off-street parking? Yes ___ No
7. Is there sufficient space in front of this address to accommodate an on-street parking space?
Yes No ~~X~~ S.W

I have read and understand the preceding instructions and have answered the above questions truthfully and to the best of my ability. I declare that I am a disabled person requesting the disabled person on-street parking on behalf of myself. I also understand that the disabled parking space is not exempt from street sweeping parking restrictions or other applicable part-time prohibition at this location.

Applicant's Signature S. Waldroupe Date 5-21-09

MEDICAL DOCTOR'S STATEMENT

I testify that the subject "disabled person" in this application constitutes a special hardship case who is unable to travel more than 50 feet (even with crutches, braces, walker, wheelchair or other support) without the assistance of a second person.

Doctor's Signature [Signature] Date 8/4/09
Address 12575 Newport #C
City Costa Mesa CA Zip Code 92786

TRAFFIC ENGINEERING
POLICY TE 2 (Revised)

DISABLED PERSON ON-STREET PARKING IN RESIDENTIAL AREAS

GENERAL STATEMENT

The City of Garden Grove does not provide on-street parking for private individuals. It must be emphasized that even "disabled parking zones" do not constitute "personal reserved parking" and that any person with valid "disabled persons" license plates (DP or VT plates) may park in such stalls. Persons parking in such stalls without valid DP or VT plates may be cited under Section 10.56.055 of the Garden Grove Municipal Code.

GUIDELINES

Normally, in establishing on-street parking facilities for the disabled there shall be a reasonable determination made that the facility will serve more than one disabled person and that the need is of an ongoing nature. The intent is to prevent the proliferation of special parking stalls that may be installed for a short-term purpose but later are seldom used.

Unjustified installation of such parking stalls unnecessarily increases the City's maintenance and operation cost, reduces available on-street parking for the general public and detracts from the overall effectiveness of the disabled persons parking program.

However, exceptions may be made, in special hardship cases, provided all of the following conditions exist:

1. Applicant (or guardian) must be in possession of valid license plates for "disabled persons" or "disabled veterans" issued by the California Department of Motor Vehicles.
2. The proposed disabled parking space must be in front of the disabled persons place of residence.
3. The residence must not have off-street parking available or off-street space that may be converted to disabled parking.
4. Applicant must provide a signed statement from a medical doctor that the disabled person is unable (even with the aid of crutches, braces, walker, wheelchair or similar support) to travel more than 50 feet between his or her home and automobile without assistance of a second person.

PROCEDURE.

1. Applicant must pay an initial fee of \$75 for each stall requested to cover the cost of field investigation, installation, maintenance and future removal.
2. Traffic Engineer will take the request to the Traffic Commission for consideration.
3. If approved, Public Works staff shall install the approved number of Handicapped Parking Stalls.
4. City Staff on an annual basis will contact the applicant by letter or phone to determine if the space is still needed by the applicant.

The revised California Vehicle Code permits enforcement of handicapped parking restrictions without the need of Council Resolution.

CITY OF GARDEN GROVE

APPLICATION

DISABLED PERSONS ON-STREET PARKING IN RESIDENTIAL AREAS

(Please Type or Print)

Applicant's Name _____

Address _____

City _____ Zip _____

Telephone No. (____) _____

1. Is the above address the proposed location for the disabled parking space?

Yes ___ No ___ If not, please indicate appropriate address below:

Address _____

City _____

2. Do you own the property at this address or are you renting it?

I own the property ___ I am renting it ___ Other ___

If other, explain _____

3. Is the applicant the disabled person? Yes ___ No ___

Spouse ___ Parent ___ Guardian ___ Relative ___ Other ___

Name of disabled person: _____

4. Do you have a valid "disabled persons" license plates (DP or VT plates)?

Yes ___ No ___ Please indicate the disabled placard or license plate number: _____

Exp. Date: _____

5. Does the applicant have a valid driver's license:

Yes ___ No ___ Please indicate the license #: _____ Exp. Date: _____

6. Is there a driveway or other off-street spaces available at this address

that may be used for off-street parking? Yes ___ No ___

7. Is there sufficient space in front of this address to accommodate an on-street parking space?

Yes ___ No ___

I have read and understand the preceding instructions and have answered the above questions truthfully and to the best of my ability. I declare that I am a disabled person requesting the disabled person on-street parking on behalf of myself. I also understand that the disabled parking space is not exempt from street sweeping parking restrictions or other applicable part-time prohibition at this location.

Applicant's Signature _____

Date _____

MEDICAL DOCTOR'S STATEMENT

I testify that the subject "disabled person" in this application constitutes a special hardship case who is unable to travel more than 50 feet (even with crutches, braces, walker, wheelchair or other support) without the assistance of a second person.

Doctor's Signature _____

Date _____

Address _____

City _____ Zip Code _____