

City of Bridgeport Department of Health & Social Services

999 Broad Street, Bridgeport, CT 06604 203-576-7416(P) bridgeportct.gov/health Dr. Elizabeth River-Rodriguez, MPH

Director of Health and Social Services

Sumit Sharma, MPH

Deputy Director of Health and Social Services

HANDICAP PARKING SIGN-INSTALLATION REQUEST

Follow the procedures below to request the installation of a Handicap Parking Sign:

1. Submit a handicap sign installation request form (attached) to:

The Department of Social Services 999 Broad Street Bridgeport, CT 06604 (203) 576-7416 Office Hours: 9am-3:30pm

- 2. Please submit a current driver's license and the original handicap placard for the vehicle being used.
- 3. If you have a driveway on the property, a statement from the property owner/landlord is required stating any restrictions preventing you from parking in the driveway.
- Your application will be forward to the Bridgeport Police Department who in turn will notify the City's Traffic Engineer Department. They will conduct an on-site visit to determine if it is appropriate and location.
- 5. The Traffic Engineer Department will make a recommendation to the Bridgeport Police Commissioner.
- 6. Once the Police Commissioners make a decision you will be sent a letter informing you whether your request has been approved or denied.

Please note: City Ordinance 10.30.10, anyone with a valid handicap parking permit can utilize the space that you have requested. The space cannot be reserved for any specific individual.

(The process can take 3-5 months)

Amended (01/04/2023)

CLOSE BRIDGE	City of Bridgeport Department of Health & Social Services 999 Broad Street, Bridgeport, CT 06604	Dr. Elizabeth River-Rodriguez, MPH Director of Health and Social Services	
NCORPORATED	203-576-7416(P) bridgeportct.gov/health	Sumit Sharma, MPH Deputy Director of Health and Social Services	
Joseph P. Go Mayor	Inim		
	HANDICAP PARKING SIGN INSTALLATION REQUEST		
Applicant's	Name:		
Address:			
Telephone			
Desired loc	ation of the Handicap Sign:		
Valid Perm	it Number:		
Expiration	Date:		
Please Che	ck your answer to the following questions:		
1. Do	you reside in a: Multi-Family Home Single Family Home		
2. Pa	king: Parking Lot Street Parking Spaces		
3. If s	o, are you allowed to use the park space? Yes No		
4. Is t	here a driveway on the property? Yes No		
-	ou have a driveway on the property, do you have any restrictions preventing yo	u from parking in the	
un	Yes No		
5a. If yes e	(plain:		
5b. If you h	ave restrictions preventing, you from parking in the driveway a written stateme	ent is require from the	
property o	wner and/or landlord stating the restrictions.		
6. Do	you experience any difficulty with on- street parking? Yes	No	
If yes expla	in:		
I, the appli	cant attest that all the above information is true and accurate:		
Applicant's	Signature: Date:		
Staff Signat	Date:		

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