



CITY OF RICHMOND

REPORT TO COMMITTEE

TO: General Purposes Committee
FROM: David McLellan
General Manager, Urban Development
RE: **Disabled Persons' Parking Permits**

To General Purposes - Aug 20, 2001
DATE: July 12, 2001
FILE: 3190-01

STAFF RECOMMENDATION

That the Richmond Committee on Disability be designated as an issuing agency for Disabled Persons' Parking Permits, subject to consistency with the standards established by the Social Planning and Research Council (SPARC).

A handwritten signature in cursive script, appearing to read "David McLellan".

David McLellan
General Manager, Urban Development

Att. 3

STAFF REPORT

ORIGIN

In May of this year the Richmond Committee on Disability (RCD) submitted a request to be designated as an agency for issuing Disabled Persons' Parking Permits (Attachment 1). Currently, the Social Planning and Research Council (SPARC), is designated as the issuing agency for the entire province and their office is located in Vancouver. City staff provide applications to those requesting permits and these are submitted directly to SPARC.

ANALYSIS

The RCD has established the Disability Resource Centre which provides a wide range of services for the disabled. They have pointed out that local issuance of permits would be of great convenience to Richmond's disabled community. In addition to having this service in our community, they propose to improve service by reducing the processing time on applications from the current six weeks to one or two weeks.

The pertinent legislation for these parking permits is B.C. Reg. 26/58 Division 38 (Attachment 2) and it would be appropriate for the issuing agency to have forms and criteria consistent with those applied elsewhere in the province. The current application form is also attached to this report (Attachment 3).

Staff have been advised that four other municipalities (Vernon, Nanaimo, Victoria, Duncan) have designated their Disability Resource Centres in a similar manner.

The RCD should provide a report on this program after one year's implementation which would indicate the numbers of clients served as well as the processing times for clients in acquiring their permits.

FINANCIAL IMPACT

No budgetary impact.

CONCLUSION

The proposal to designate the RCD as an agency for the issuance of disabled persons' parking permits will provide a convenient and hopefully improved level of service to Richmond residents, but it should only be undertaken if the criteria is consistent with that in the remainder of the province.



David McLellan
General Manager, Urban Development

DJM:djm

Richmond Committee on Disability

160-5726 Minoru Blvd.
Richmond, B.C.
V6X 2A9
May 11, 2001

**TO: MAYOR & EACH
COUNCILLOR
FROM: A/CITY CLERK**

*pc: Gm-ud for
appropriate response*



Mayor Greg Halsey-Brandt
& Richmond City Council
6911 No. 3 Rd.,
Richmond, B.C.
V6Y 2C1

Dear Mayor Halsey-Brandt & Members of Council,

*3190-01
Xr 6455-01*

Re: Parking Placards for people with disabilities.

Under Section 38.02 of the Motor Vehicle Act (Regulations), the City of Richmond may issue a Parking permit on behalf of the Province of British Columbia or may designate an organization to do so (see copy of act, attached). This letter is being written to request that Council designate the Richmond Committee On Disability as the organization authorized to issue parking permits (placards) for the City of Richmond.

We believe that the availability of the Parking Permit (Placard) program through the RCD's *Disability Resource Centre* will be of significant benefit to people with disabilities in this community. It will also benefit both the Centre and the Special Needs Department of the City as it will provide access to information that would be of assistance to both in future planning.

Thanking you for your consideration, I am

Yours Sincerely,

Vince Miele per
Mr. Vince Miele, *zc*
Chair

CITY OF RICHMOND
MAY 15 2001
URBAN DEVELOPMENT

CITY OF RICHMOND
DATE
MAY 14 2001
RECEIVED
CITY CLERK'S OFFICE

DIVISION 38 – DISABLED PERSONS' PARKING PERMITS**Interpretation**

38.01 In this Division:

“**applicant**” means a person who applies for a disabled parking permit under this Division;

“**disabled person**” means a person whose mobility is limited as a result of a permanent or temporary disability that makes it impossible or difficult to walk;

“**disabled zone**” means a parking zone identified by the disabled parking sign as set out in Schedule 2 of Division 23 of these regulations;

“**permit**” means a disabled persons' parking permit issued under this Division.

[en. B.C. Reg. 472/90.]

Application for permit

38.02 (1) A permit issued in the form established by the Insurance Corporation of British Columbia is valid throughout the Province.

(2) A permit may be issued on behalf of the Province by a municipality or an organization a municipality designates for the purposes of this section.

(3) Application for a permit must be made by or on behalf of a disabled person to a municipality or organization referred to in subsection (2).

(4) On being satisfied that the person to which the permit would apply is a disabled person, the municipality or organization referred to in subsection (2) may

(a) issue a permit or temporary permit for the disabled person, or

(b) issue a substitute permit for a permit that is lost, stolen or mutilated or that has become illegible.

[en. B.C. Reg. 472/90; am. B.C. Reg. 317/96, s. 1.]

Display of permit

38.03 The person to whom a permit is issued shall, while a vehicle is parked in a disabled zone, display the permit in or on the vehicle the person is operating or in which the person is a passenger

(a) by suspending it from the rearview mirror inside the vehicle so that it is in plain view of any person looking through the windshield of the vehicle from the sidewalk or roadside, or

(b) by placing it on the dashboard in front of the driver's position.

[en. B.C. Reg. 472/90.]

Out of Province permits

38.04 A valid out of Province permit issued to a disabled person, by or on behalf of another jurisdiction, is a valid permit for the purposes of this Division, whether the vehicle is displaying an out of Province licence or a BC licence.

[en. B.C. Reg. 17/99.]

Cancellation of disabled parking permits

38.05 On being satisfied that

- (a) a permit holder has contravened a provision of this Division,
- (b) an applicant made a false statement in an application,
- (c) a permit has been used in contravention of this Division,
- (d) a permit is lost, stolen, mutilated, defaced, altered or has become illegible, or
- (e) a vehicle is used in violation of a provision of this Division

the Insurance Corporation of British Columbia or the municipality or organization that issued the permit may cancel the permit.

[en. B.C. Reg. 472/90; am. B.C. Reg. 317/96, s. 1.]

Notification of loss or theft

38.06 Where a permit is lost, stolen, mutilated, defaced, altered or has become illegible, the person to whom the permit was issued shall immediately notify the municipality or group that issued the permit of the loss, theft, mutilation, defacement, alteration or illegibility.

[en. B.C. Reg. 472/90.]

Transitional provisions

38.07 Permits issued on behalf of municipalities, that are unexpired on January 1, 1991, shall be recognized and considered to be valid permits under this Division until they expire or, where no expiry date is given, until January 1, 1994.

[en. B.C. Reg. 472/90.]

Offence

38.08 A person commits an offence who

- (a) makes a false statement in an application,
- (b) stops, leaves standing or parks in a disabled zone a vehicle displaying a permit unless the vehicle is stopped, left standing or parked for the purpose of transporting a disabled person,
- (c) mutilates, defaces or alters a permit,
- (d) stops, leaves standing or parks in a disabled zone a vehicle that does not display
 - (i) a permit issued under this Division, or
 - (ii) a permit of similar nature issued by another jurisdiction, or

- (e) lends or transfers a permit to another person, whether or not that person is disabled.

[en. B.C. Reg. 472/90.]



SPARC a non-profit organization
**PARKING PERMIT PROGRAM FOR
 PEOPLE WITH DISABILITIES**

106A - 2182 West 12th Avenue
 Vancouver, BC V6K 2N4
 (604) 718-7744

Attachment 3

**APPLICATION
 FORM**



PART A: TO BE COMPLETED BY THE APPLICANT (Please print)

HAVE YOU APPLIED FOR A B.C. PARKING PERMIT BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
GIVEN NAME(S) OF DISABLED PERSON		FAMILY OR LAST NAME	
HOME ADDRESS (Apt. No., P.O. Box, R.R. No.)		(Number and Street)	
(City, Town, or Village)	(Province or Territory)	POSTAL CODE	TELEPHONE NUMBER
DATE OF BIRTH ____ / ____ / ____		FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>	
YEAR MONTH DAY			

PART B: CONDITIONS FOR PARKING PERMIT HOLDERS

- Only one permit per application will be issued. Permits issued for Permanent Disabilities must be renewed every three years. Temporary permits will be valid for a period of time as determined by your physician (maximum one year).
- It is the applicant's responsibility to ensure that his/her physician (only) has completed **PART D (on the back of this form)**. The applicant is responsible for ensuring this form is completed and for any changes made for its completion.
- I agree to be responsible for the appropriate use of the permit. I understand that only I am permitted to use this permit. I understand the information above and hereby authorize the release of any information requested with respect to this application.

➤ _____ ➤ _____
 SIGNATURE OR MARK (X) OF APPLICANT OR DATE
 POWER OF ATTORNEY OR LEGAL GUARDIAN
Note: Power of Attorney or Legal Guardian should only sign if applicant cannot be responsible for a legal permit.

TO BE COMPLETED IF SIGNED BY POWER OF ATTORNEY OR LEGAL GUARDIAN

GIVEN NAME(S)		FAMILY OR LAST NAME	
HOME ADDRESS (Apt. No., P.O. Box, R.R. No.)		(Number and Street)	
(City, Town, or Village)	(Province or Territory)	POSTAL CODE	TELEPHONE NUMBER
RELATIONSHIP TO APPLICANT			

PART C: PAYMENT (PLEASE DO NOT SEND CASH IN THE MAIL)

THE PERMIT PROCESSING FEE IS \$15.00 AND SUBJECT TO POSSIBLE CHANGE. A REDUCED FEE WILL BE ACCEPTED IN CASES OF FINANCIAL HARDSHIP. PAYMENTS IN EXCESS OF \$15.00 WILL BE CONSIDERED A DONATION WHICH IS TAX DEDUCTIBLE AND A RECEIPT FOR INCOME TAX PURPOSES WILL BE ISSUED.

PROCESSING FEE (\$15.00) ENCLOSED, PAYABLE TO SPARC. (PLEASE ALLOW 3 WEEKS FOR PROCESSING)

MY DONATION OF \$ _____ ENCLOSED (Donors of \$10 or more will receive a year's subscription to SPARC News)

PLEASE SEND ME MORE INFORMATION ABOUT SPARC'S ACTIVITIES

Please Have Your Physician Complete PART D on Reverse

FOR OFFICE USE ONLY — DO NOT WRITE IN THIS BOX

<input type="checkbox"/> PERMANENT	EXP. DATE _____	EXP. DATE _____
	PERMIT # _____	PERMIT # _____
<input type="checkbox"/> TEMPORARY	APPROVED _____	
P.I.D. #	EXP. DATE _____	EXP. DATE _____
	PERMIT # _____	PERMIT # _____

PLEASE DO NOT FAX OR PHOTOCOPY FOR DISTRIBUTION
 (CALL SPARC AT 718-7744 FOR ADDITIONAL COPIES)
 HOURS: 9:00 AM - 4:30 PM — CLOSED THURSDAYS
 NO CASH ACCEPTED FOR IN-PERSON APPLICANTS - CHEQUES & MONEY ORDERS ONLY.

Part D: MUST BE COMPLETED BY A MEDICAL DOCTOR ONLY (Please Print)

ATTENTION PHYSICIANS:
 WE APPRECIATE YOUR INPUT INTO THIS APPLICATION. YOU CAN ASSIST US BY FILLING IN EACH SECTION AS COMPLETELY AS POSSIBLE, USING ONE COLOUR PEN, AND BY PUTTING YOUR INITIALS BESIDE EACH CHECKED BOX INSTEAD OF JUST A CHECK MARK. THIS SHOULD ELIMINATE ABUSE AND ENSURE THAT ONLY THOSE WHO HAVE SEVERE MOBILITY IMPAIRMENT RECEIVE THE NECESSARY SERVICES WE PROVIDE.

PATIENT'S NAME (SHOULD BE THE SAME AS APPLICANT IN PART A ON REVERSE)

GIVE MEDICAL NAME(S) OF DISABLING CONDITION(S) WHICH IMPAIRS MOBILITY:

HOW DOES THIS IMPAIR MOBILITY? (Check all that apply)

- CANNOT WALK A DISTANCE GREATER THAN 100 METRES
 REQUIRES AN EXTRA WIDE PARKING SPACE TO ENTER OR EXIT A VEHICLE
 OTHER (SPECIFY): _____

IN YOUR WORDS, DESCRIBE HOW THE DISABLING CONDITION(S) IMPAIRS THE MOBILITY OF THIS PATIENT:

PLEASE INDICATE MOBILITY AID USED:

- CANE WALKER CRUTCHES N/A
 WHEELCHAIR LEG BRACE OTHER: _____

PROGNOSIS: CHECK ONE (1) ONLY

The patient is experiencing a mobility impairment which is:

- PERMANENT (Issued for 3 years)
 TEMPORARY
 Please give the date by which the disability is likely to cease:
 Permit will expire on: _____ 19 ____
 UNCERTAIN
 If uncertain, please indicate when the patient should be reassessed and, therefore, the Permit will expire in:
 3 MONTHS 6 MONTHS 1 YEAR

CERTIFICATION

I hereby certify that, to the best of my knowledge, the above information is true and correct.

➤ _____ ➤ _____
 SIGNATURE OF MEDICAL DOCTOR DATE
 Note: Stamps and photocopies are not accepted.

PHYSICIAN'S NAME AND ADDRESS

FULL NAME			DOCTOR'S ADDRESS STAMP
ADDRESS (Apt. No., P.O. Box, R.R. No.) (Number and Street)			
(City, Town, or Village)	(Province or Territory)	POSTAL CODE	TELEPHONE NUMBER
			()

All applications are subject to eligibility criteria.
PLEASE DO NOT PHOTOCOPY FOR DISTRIBUTION
 (CALL SPARC AT 718-7744 FOR ADDITIONAL COPIES)