



CONFIDENTIAL

APPLICATION FOR DISABLED PERSONS PARKING BAY

Please read the attached notes and conditions before completing this form. Complete parts I to III before returning this form to Sevenoaks District Council.

Complete using BLOCK CAPITALS

**PART ONE – PARTICULARS OF APPLICANT
TO BE COMPLETED BY ALL APPLICANTS**

Title	
Surname	
Forenames in full	
Date of Birth	
Address	
Post Code	
Contact Telephone No.	
Email address	
Blue Badge Number	Please enclose photocopy of the valid Blue Badge
Blue Badge Expiry Date	
Blue Badge Issuing Authority (e.g. Kent County Council)	

Is the Blue Badge issued to the applicant?	YES	NO										
If no, who is the badge registered to and what is their relationship to you?												
Please indicate that the applicant is in receipt of or entitled to one of the following-	<table border="1" style="width: 100%;"> <tr> <td data-bbox="644 432 1254 499">Higher Rate Mobility component of Disability Living Allowance</td> <td data-bbox="1262 432 1394 499"></td> </tr> <tr> <td data-bbox="644 510 1254 566">Higher rate Attendance Allowance</td> <td data-bbox="1262 510 1394 566"></td> </tr> <tr> <td data-bbox="644 577 1254 678">Personal Independence Payment (PIP) Proof of (PIP including 8 points or more for 'moving around' component)</td> <td data-bbox="1262 577 1394 678"></td> </tr> <tr> <td data-bbox="644 689 1254 745">War Pensioner's Mobility Supplement</td> <td data-bbox="1262 689 1394 745"></td> </tr> <tr> <td data-bbox="644 757 1254 824">Other entitlement may be allowable (please state below)</td> <td data-bbox="1262 757 1394 824"></td> </tr> </table> <p data-bbox="632 846 1299 913">Please enclose recent proof showing benefit received, name and address.</p>		Higher Rate Mobility component of Disability Living Allowance		Higher rate Attendance Allowance		Personal Independence Payment (PIP) Proof of (PIP including 8 points or more for 'moving around' component)		War Pensioner's Mobility Supplement		Other entitlement may be allowable (please state below)	
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Other entitlement may be allowable (please state below)												
Additional information on benefits or entitlement	<p data-bbox="632 1361 1027 1393">If none, please leave blank</p>											

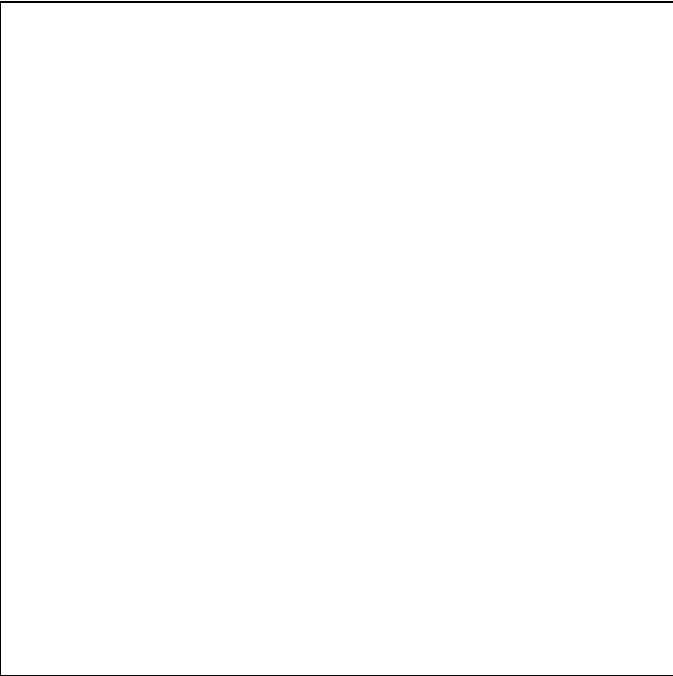
**PART TWO – PARTICULARS OF VEHICLE
TO BE COMPLETED BY ALL APPLICANTS**

<p>Is the applicant the registered keeper?</p>	<p>YES</p>	<p>NO</p>										
<p>Please include a copy of the vehicle registration document or Motability Hire Agreement</p>												
<p>Is the applicant the main driver of the vehicle?</p>	<p>YES</p>	<p>NO</p>										
<p>Please include a copy of your driving licence and current certificate of motor insurance for your vehicle.</p>												
<p>If the applicant is not the main driver, please provide details of the main driver of the vehicle</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Name</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>Relationship to applicant</td> <td></td> </tr> </table> <p>Please enclose proof of residence, including a copy of their Council Tax statement and or utility bill (not a mobile bill), a copy of their Driving Licence and of the Vehicle Registration Document</p>		Name		Address		Relationship to applicant					
Name												
Address												
Relationship to applicant												
<p>Does the applicant have facilities for off-street parking? Do you own, rent or have use of a garage, hard standing (shared or individual) etc?</p>	<p>YES</p>	<p>NO</p>										
<p>Does the applicant experience frequent problems parking within walking distance of your property?</p>	<p>YES</p>	<p>NO</p>										
<p>Where is the vehicle usually kept? Please tick</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">GARAGE</td> <td></td> </tr> <tr> <td>DRIVEWAY</td> <td></td> </tr> <tr> <td>ON ROAD</td> <td></td> </tr> <tr> <td>PRIVATE PARKING</td> <td></td> </tr> <tr> <td>OTHER</td> <td></td> </tr> </table>		GARAGE		DRIVEWAY		ON ROAD		PRIVATE PARKING		OTHER	
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PART THREE- OPTIONAL ADDITIONAL COMMENTS

Is there a specific site where you believe a bay could be placed?

(We cannot promise to locate a bay in any specific location, but this information may be useful. Provide a map, or drawing if this will be helpful)



Additional comments

(Please give any other information you wish to assist your application and help us to understand the situation and your needs.)



PART FOUR- TO BE COMPLETED BY ALL APPLICANTS

We will not be able to proceed with your application unless you have agreed to and ticked ALL of the following statements. Please sign and date your application.

Item	Please tick <input type="checkbox"/>
I declare that all the information I have given in this application is correct	
I have enclosed a copy of a valid Blue Badge (both sides, including badge number & photograph)	
I have enclosed a copy of Vehicle Registration Document (V5) or Motability Hire Agreement	
<i>[if relevant] I agree to pay the required fee of £XXX for the administration of a successful application, before a bay may be installed</i>	Currently N/A
I have enclosed a copy of valid Certificate of Motor Insurance	
I have enclosed a copy of valid UK driving licence	
I have enclosed a copy of proof of qualifying benefits	
I acknowledge that any Blue Badge holder can use the bay, without restriction.	
I agree, where possible, to have a sign restricting the use of the bay to 'Disabled badge holders only', fixed to my boundary wall or fence.	
I understand that the bay will be reviewed regularly and will be removed if I no longer meet the required criteria.	
If my circumstances alter, I will notify you as soon as reasonably possible	
I agree to my information being used and shared, as explained in the Privacy notice below	

Privacy Notice

The information you provide will be processed by Sevenoaks District Council to administer the Disabled Persons Parking Bay Scheme. Your address details may be disclosed as part of the local consultation process to partners acting on the Council's behalf in the administration of the scheme. All personal data is held securely by the council and its partners and will be disposed of securely when it is no longer required. By signing this document, you hereby agree to your personal data being used as described herein.

Signature		Date	
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**This application should now be returned to:
 Sevenoaks District Council
 Council Offices
 Argyle Road
 Sevenoaks
 Kent TN13 1HG**

**PART FIVE- TO BE COMPLETED BY THE CIVIL ENFORCEMENT
MANGER OR THEIR REPRESENTATIVE**

I **APPROVE** this application.

Signed:

Date:

I **REJECT** this application.

Please state reason:

Signed:

Date:

For Civil Enforcement Office use only

Copies of documents enclosed:

Neighbours consulted:

Objections:

Interim Bay request made.