

## APPLICATION FOR AN ADVISORY DISABLED BAY

Please use this form to apply for an on-street advisory disabled bay marking.

Advisory disabled bays can only be provided for residents who are valid Blue Badge holders. The Blue Badge must be registered to the address to which the application relates. The applicant must also have no alternative off-street parking available or the possibility of providing it.

\* fields which **MUST** be completed

### Section A

#### CONTACT INFORMATION

The contact information provided in this section will be used for all subsequent correspondence. If you are applying on behalf of the applicant please also complete Section B.

\*Title: Mr , Mrs , Miss , Ms , Dr (delete as appropriate)  
\*Surname: \_\_\_\_\_  
\*Forenames: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\*Town: \_\_\_\_\_  
\*Postcode: \_\_\_\_\_  
\*Tel No: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Section B

#### APPLICANT INFORMATION

Please complete this section if different from the contact information in Section A above.

\*Surname: \_\_\_\_\_  
\*Forenames: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\*Town: \_\_\_\_\_  
\*Postcode: \_\_\_\_\_

**Section C**

**APPLICANT DETAILS**

\*Please provide Blue Badge details:

\*Serial Number:

\* Expiry Date:

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\*Is a Blue Badge registered to the address for which the application relates?

Yes

No

\*Is a vehicle registered and kept at the above address?

Yes

No

\*Does the property have off-street parking facilities, such as a garage or driveway?

Yes

No

If yes, please give details:

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**Section D**

Please supply any additional information that you think may be of help to us to assess this application

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**Section E**

**DECLARATION**

I hereby apply for a disabled parking bay outside my property and declare that all information I have given is correct.

I understand that the disabled bay (if approved) is only advisory and would not legally exclude other vehicles from being parked within the bay as it does not belong to any individual.

If for any reason the bay is no longer necessary I will inform Stockton Borough Council so that removal can take place.

I also understand that Stockton Borough Council may, at any time remove the marking at its discretion.

Signed ..... Date.....

Please send the completed form to:

Advisory Disabled Bay Requests  
Network Safety  
Stockton Borough Council  
PO Box 229  
Kingsway House  
Billingham  
TS23 2YL

Email: [technicalservices@stockton.gov.uk](mailto:technicalservices@stockton.gov.uk)

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**Disclosure of Information**

Thank you for the information given on this form. The information provided will be used to process and assess your request for an Advisory Disabled Bay.

We will not disclose information about you to anyone outside of Stockton Borough Council nor use the information for other purposes unless the law permits us to.

Stockton Borough Council is the Data Controller for the purposes of the Data Protection Act 1998. If you want to know more about what information we have about you, or the way we use information about you, please do not hesitate to contact us or visit our Web Page on [www.stockton.gov.uk](http://www.stockton.gov.uk)

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