



CITY OF SALINAS

Public Works Department, Traffic and Transportation Division
 200 Lincoln Avenue
 Salinas, CA, 93901
 (831)758-7241 8:00 a.m. – 5:00 p.m. M-F
<https://www.cityofsalinas.org/>

CURB MARKING REQUEST FORM

INSTRUCTIONS TO THE APPLICANT: Fill out this request form completely. Sign, date and return this form to **200 Lincoln Ave, Salinas, CA, 93901 Attn: Public Works** to begin processing. Please include the appropriate fees for the requested curb marking(s). For questions, please contact the Public Works Department (831)758-7241.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Name of Establishment: _____

Address: _____
Street Address Suite/Unit #

_____ City State ZIP Code

Phone: _____ Email: _____

Curb Marking Request Information

1. Type of curb marking (color zone) you are applying for: Green Yellow White Blue
2. Number of curb markings (parking stalls) requested: _____
3. Land-Use Type (check one): Wholesale/Warehouse Restaurant Office Hotel
 Retail Medical Office Other: _____
4. Business hours and days: _____
5. How long has your business been located at this address? _____
6. Do you own or lease the premise? For how long? _____
7. How many off-street parking spaces do you provide? _____
8. Do your employees use any of your off-street spaces? _____
9. Number of persons you employ: _____
10. Estimated time clients/patrons spend at your establishment: _____
11. Estimated number of clients/patrons a day: _____
12. Is your establishment within 300ft of a municipal off-street parking facility?(check one): Yes No
13. Are there any existing curb markings (color parking zones) near your establishment? (check one): Yes No
 If **yes**, please provide the number of parking stalls and location (address): _____

14. Have you applied for a similar curb marking at your establishment before? (check one): Yes No

If yes, date of last application: _____

Fees

Please make all checks payable to **CITY OF SALINAS** (Account No. 1000.50.5122-56.5060).

New Curb Marking Fee (per establishment) :	\$824.00
Annual Renewal Fee (per establishment): Due June 30 th of every year	\$287.00

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that such curb marking(s) reduce the availability of on-street parking space to the general public and appropriate information is provided on the bottom of this application to assist commissioners in determining the justification for altering the present use of the curb. Also, I understand this curb marking(s) request is not a reserved space for my personal use or place of business and parking enforcement for curb markings are generally done on an on-call basis.

*I also understand that if this application is approved, a fee of **\$824.00** must be paid for the installation of the curb marking(s), and that an annual **\$287.00** renewal fee for the parking stall(s) will be paid June 30th of every year. The approval of my curb marking request form is subject to review by City Staff. The curb markings becomes invalid in the event I vacate the premises or the nature of the business at the premise changes.*

All curb marking requests will be presented to the Traffic & Transportation Commission and City Council for approval. Should my request be denied, my fee will be refunded.

Signature: _____ Date: _____