

## **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/

## SPECIAL PARKING RESTRICTIONS 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 Inform	ation		
Full Name:				Date:		
		Last	First	M.I.	-	
	tablishment:					
Ad	dress:					
, idai eee.		Street Address			Suite/Unit #	
		City		State	ZIP Code	
Ph	one:		Email:			
	<b>T</b> (	1 1:	Curb Marking Request restriction you are applying for			
1.	• •					
☐ Green 20-Min ☐Yellow ☐White ☐Blue ☐ 90-Min ☐1-Hour ☐2-Hour						
2.	Length of Zone Requested (feet):					
3.	Have you a	u applied for a similar curb marking at your establishment before (check one): ☐Yes ☐No				
	If yes,	date of last application	on:			
4.	Are there any <u>existing</u> parking restrictions near your establishment? (check one): ☐Yes ☐No					
	If <b>yes</b> , please provide the number of parking stalls and location (address):					
5.	Description	n of your business or p	property:			
6.	Business hours and days (if applicable):					
7.	How long h	has your business been located at this address?				
8.	Do you ow	you own or lease the premise? For how long?				
9.	For Yellow	Zones:				
	a. Nu	ımber of pick-ups /de	liveries daily:			
	b. Ty	pical size and type of	truck:			
		timated times of high				

For White or Green Zones:						
a. Estimated number of visitors daily:						
b. Estimated time clients/patrons spend at your establishment:						
c. Estimated times of highest usage:						
For Blue Zones (Business):						
a. Estimated number of disabled persons visiting premises daily:						
b. Estimated times of highest usage:						
For Blue Zones (Residential):						
a. Does a garage or driveway exist on site? (check one): ☐Yes ☐No						
b. No. of disabled persons in the household:						
For White, 20-Min Green Zones, 90-Min, 1-Hour and 2-Hour Parking:						
a. Estimated number of visitors daily:						
b. Estimated time clients/patrons spend at your establishment:						
c. Estimated times of highest parking usage:						
d. Number of employees:						
e. Do your employees use any of off-street spaces?						
f. How many off-street parking spaces do you provide?						
g. Is your establishment within 300ft of a municipal off-street parking facility? (check one): □\	Yes □No					
10. Is there support from adjacent properties, including support from the Home Owners Association, for installation of						
the requested curb marking? Can you demonstrate this support if necessary?						
11. Are there any facilities (churches, schools, shopping malls, office complexes, etc.) in the area that a	ffect the					
availability of parking or loading at this location?						
Face						
Fees						
Please make all checks payable to <b>CITY OF SALINAS</b> (Account No. 1000.50.5122-56.5060).						
New Curb Marking Fee (per establishment) :	\$865.50					
Annual Renewal Fee (per establishment):	\$204 FO					
Due June 30 <sup>th</sup> of every year	\$301.50					
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. 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 get						
an on-call basis. Also, I understand that special curb markings are all subject to removal by City St	aff at any time					
for the purpose of safety and public use.						
I also understand that if this application is approved, a fee of \$865.50 must be paid for the installation of the curb						
marking(s), and that an annual <b>\$301.50</b> renewal fee for the parking stall(s) will be paid June 30 <sup>th</sup> 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						
Signature: Date:						