

Agency/Community Partner Parking

Application

Rev.20191223

CONTACT INFORMATION	
Applicant name:	
Business or organization name:	
Mailing address:	
Phone number:	
Email address:	
AGENCY INFORMATION	
☐ City of Spokane Department	
 □ Police □ Fire □ Parking Services □ Streets □ Solid Waste □ Water/Sewer 	
□ STA	
☐ School District	
□ WSDOT	
☐ Other:	
Location of requested parking change(s):	
Select the type(s) of parking changes requested:	
☐ Parking meters added	
☐ Parking meters removed (enter affected meter numbers)	
☐ Loading zone (i.e. commercial, 10 minute, passenger)	
☐ Taxi zone	
☐ Limited parking (i.e. 1hr, 2hr parking)	
☐ No parking any time	

	o and across the street from the proposed parking changes (providing arties identified is acceptable).
PLICATION DETAILS	
 understand what you are planni Why do you want to change What do you hope to accor How will this parking change 	graphs that describe your parking request in order to help reviewers ing for the space. Consider some of the following questions: e the parking? applish with the parking change? The affect the activities on your street? (i.e. time stays, deliveries,) his parking change would be most effective as opposed to all hours?
TACHMENTS AND DOCU	MENTATION
☐ Site plans (contact the Street☐ Existing parking conditio	Department if assistance is needed for site plan details)
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