



General Parking Application

Rev.20191223

CONTACT INFORMATION

Applicant name: _____

Business or organization name: _____

Mailing address: _____

Phone number: _____

Email address: _____

LOCATION INFORMATION

Location of requested parking changes: _____

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

ADJACENT AFFECTED PROPERTIES

- Identify properties adjacent to and across the street from the proposed parking changes (providing a map with the affected properties identified is acceptable).

APPLICATION DETAILS

Please provide one or two paragraphs that describe your parking request in order to help reviewers understand what you are planning for the space. Consider some of the following questions:

- Why do you want to change the parking?
- What do you hope to accomplish with the parking change?
- How will this parking change affect the activities on your street? (i.e. time stays, deliveries, ...)
- Is there a time frame that this parking change would be most effective as opposed to all hours?

ATTACHMENTS AND DOCUMENTATION

- Site plans (contact the Street Department if assistance is needed for site plan details)
 - Existing parking condition
 - Proposed parking condition
- Photos of existing site
- Documentation of contact with adjacent property owners (emails, letters of support)

Full name (please print)

Signature

Date

Applications can be submitted by email to ParkSpokane@SpokaneCity.org, turned in at the Development Services Center desk during regular business hours, or can be mailed to the address below. To complete your application package, please submit this form with additional documentation.