

Parking Revision Application

Rev.20240409

ONTACT INFORMATION	
Applicant name:	
Business or organization name (if applicable):	
Mailing address:	
Phone number: En	mail address:
OCATION OF REQUESTED PARKING CH	łange(s):
Address	Zip
DJACENT AFFECTED PROPERTIES	
Identify properties adjacent to and across the map with the affected properties identified	ne street from the proposed parking changes (providing is acceptable).
ELECT THE TYPE(S) OF PARKING CHAN	IGES REQUESTED:
☐ Add Paid Parking Device (Kiosk/Meter)	
☐ Remove Paid Parking Device (Kiosk/Meter)	
□ Remove Paid Parking Device (Kiosk/Meter)□ Add/Remove Loading Zone (Commercial, 10) Minute, Passenger, Taxi)
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☐ Add/Remove Loading Zone (Commercial, 10	

PLICATION DETAILS	
Please describe your parking request in order to help reviewers understand why you are requesting a parking revision.	
TACHMENTS AND DOCUMENTATION	
 Existing parking condition Proposed parking condition Photos of existing site or current conditions Documentation of contact with adjacent property owners (emails, letters of support) 	
Applications can be submitted by email to ParkSpokane@SpokaneCity.org , turned in at the Development Services Center (3 rd floor) 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.	