



Parking Revision Application

Rev.20240409

CONTACT INFORMATION

Applicant name: _____

Business or organization name (if applicable) : _____

Mailing address: _____

Phone number: _____ Email address: _____

LOCATION OF REQUESTED PARKING CHANGE(S):

Address	Zip
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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).

SELECT THE TYPE(S) OF PARKING CHANGES REQUESTED:

- Add Paid Parking Device (Kiosk/Meter)
- Remove Paid Parking Device (Kiosk/Meter)
- Add/Remove Loading Zone (Commercial, 10 Minute, Passenger, Taxi)
- Change Time Limited Parking (1hr, 90 Min, 2hr, etc.)
- No Parking Any Time
- Other _____

APPLICATION DETAILS

Please describe your parking request in order to help reviewers understand why you are requesting a parking revision.

ATTACHMENTS 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 (3rd 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.