



PARKING RESTRICTION APPLICATION

Requestor's Name _____

Address _____

Telephone No _____

Type of Parking Restriction:

Street sweeping Day
Permit Parking Only (*please state reason, ex. business, school, etc.*) _____

Overnight Parking (*please state reason*) _____

Other: _____

Street Name _____

Limits (*usually by block*) from _____ to _____

Applicant's Signature

Date

.....
Fee

1. \$55.00

Procedure

2. Staff Review. City staff shall conduct a postcard survey to determine a majority support for the parking restriction by the affected residents and prepare staff report.
3. Notification of Residents. Following receipt of majority approval, the City shall notify each residence of the subject street at least two weeks prior to consideration of the item by the Traffic Committee.
4. Traffic Committee Review. The Traffic Committee shall consider the staff report, receive residents' input, and make recommendations as to whether the street be considered for the implementation of the parking restrictions.
5. City Council. The City Council shall consider the Traffic Committee's recommendations, receive residents' input, and make final determination as to whether to implement the parking restrictions.