



Parking Adjustments

(To be accompanied by a site plan and information supporting the requested adjustment.)

FOR OFFICE USE ONLY
Date:
Received by:
Zoning District:
Parcel No.:
Special Conditions:

Type or print, using pen, not pencil. Check the parking adjustment(s) which is requested.

- | | |
|---|--|
| <input type="checkbox"/> Deferred provision of parking | <input type="checkbox"/> Off-site parking availability |
| <input type="checkbox"/> Shared parking (see separate request form) | <input type="checkbox"/> Moped substitution |
| <input type="checkbox"/> Parking stall reduction | <input type="checkbox"/> Bicycle substitution |
| <input type="checkbox"/> Bicycle parking reduction | <input type="checkbox"/> Parking exceeding maximum |
| <input type="checkbox"/> Shared car availability | |
| <input type="checkbox"/> Transit corridor proximity | |

Address of Property:	
Name & Address of Owner:	
Name & Address of Applicant (or owner's representative):	
Phone Number:	Email:
Brief Summary of Proposal:	

2/25/13 Doc.

The following section is to be filled in by the applicant with Zoning staff assistance. The applicant must submit information to support the request for a parking adjustment.

1) On bus route: YES NO

2) Within 1000 feet of bicycle path: YES NO

3) Bicycle rack on private property: YES NO

4) Public bike parking in public right of way within 200 feet: YES NO

If yes, number of bike stalls:

5) Hours of operation: _____ to _____

6) Is this peak demand time for other uses: YES NO

7) Is this a change of use?

8) New Building:

9) Addition to existing building:

10) Existing or potential shared parking: YES NO

If yes, address:

Number of stalls:

Applicant's Signature:

Date:

Parking Adjustments To Be Filled in by Zoning Staff

Existing Parking Requirement:	Existing Number of Stalls Provided:			
Proposed Parking Requirement:	Proposed Number of Stalls Provided:			
Number of Stalls Adjusted:	Percent of Adjustment Requested:			
11) Availability & Accessibility of Alternative Parking [1=Plenty available, 5=Little available (<i>bad</i>):				
a) On-street availability (Rate 1 to 5):				
b) Public parking within 500 feet: _____ stalls				
c) Other _____ stalls				
12) Impact on adjacent residential neighborhoods. Rate 1 to 5 [1=Low impact, 5=High impact (<i>bad</i>):				
13) Number of residential parking permits issued in the block (if applicable):				
14) Anticipated increased demand. Rate 1 to 5 [1=Low, 5=high (<i>bad</i>):				
Because of the diversity of situations and neighborhoods, some of the above criteria have greater influence on the parking stall reduction request. The following criteria are significant in this case.				
1	4	7	11.a.	10
2	5	8	11.b.	12
3	6	9	11.c.	13

Administrative Approval of Parking Stall Reduction Request

Parking requirement reduced by the greater of 5 parking stalls or 10% of the required parking: Applicant:
Parking reduction up to 20 parking stalls: Zoning Administrator:
Parking reduction of more than 20 stalls but less than 25% of the required parking: Director of Planning & Community & Economic Development:

Zoning Administrator: _____

Administrative Approval of Parking in Excess of the Maximum Number of Stalls

Parking exceeding the requirement by the lesser of 5 parking stalls or 10% of maximum: Applicant:
Parking exceeding maximum by up to 20 stalls: Zoning Administrator:
Parking exceeding maximum by more than 20 stalls but not more than 10% of the maximum: Director of Planning & Community & Economic Development:

Zoning Administrator: _____