

**RETURN FORM TO
ENGINEERING TECHNICIAN
FOR PROCESSING**



BLUE CURB ZONE REQUEST APPLICATION

1. Applicant: _____ 2. Phone: _____
 3. Address: _____
 4. Proposed Location of Blue Curb Zone (be specific): _____
 5. Describe Reason for Request: _____

*****RESIDENTIAL APPLICANTS:** Complete 6-8; **COMMERCIAL APPLICANTS:** Complete 9-11***

RESIDENTIAL APPLICANTS

6. Is there any off street parking on the property upon which you reside? Yes No
 7. Do you own the property at the proposed location? Yes No
 8. You must attach evidence that you possess special license or placard issued by the California Department of Motor Vehicles per CVC 9105 or 22511.5.

Criteria to be used in evaluating your application:

A) Blue curb zones may only be installed directly in front of the property upon which the applicant resides.

B) Blue curb zones may only be installed at residential locations where there is no off street parking space available for the applicant's use.

COMMERCIAL APPLICANTS

9. Is there any off street parking on the property at which the blue zone is proposed? Yes No
 10. Do you own the property at the proposed location? Yes No
 11. Elaborate on your response to Question Number 5. (Use back of form if necessary).

 Applicant Date

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Reviewed by Traffic Committee and:

Approved; Public Works Department instructed to install.

Denied; Reason _____

 Traffic Committee Date

 Traffic Committee Date