



2-6 a.m. On-Street Parking Variance Application

Date of Request: _____

Name: _____

Address: _____

Telephone Number: _____ E-mail: _____

Total number of drivers living at this address: _____

Total number of vehicles at this address: _____

Total number of vehicles to be parked overnight on street at any one time: _____

How many vehicles can be parked on your driveway and in your garage? _____

NOTE: Please include the total number of vehicles that can fit regardless of whether or not vehicles must be stacked / shuffled in order to provide access in/out of your driveway.

Date of Request: **From:** _____ **To:** _____

Description of vehicle (s) to be parked on the street:

	Make:	Model:	Color:	License Plate Number:
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Please briefly describe why the parking variance is needed:

This area is reserved for City use:	
Approved: <input type="checkbox"/>	
Denied: <input type="checkbox"/>	
Signature: _____	Date: _____