



**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: \_\_\_\_\_**

**NOTE:** The variance request can be no longer than six (6) months in duration. It is your responsibility to renew the variance request when it expires.

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

	<b>Make:</b>	<b>Model:</b>	<b>Color:</b>	<b>License Plate Number:</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Please briefly describe why the parking variance is needed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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