CITY OF SALINAS

Public Works Department, Traffic and Transportation Division
200 Lincoln Avenue
Salinas, CA, 93901
(831)758-7241 8:00 a.m. – 5:00 p.m. M-F
https://www.cityofsalinas.org/

SPECIAL PARKING RESTRICTIONS REQUEST FORM

INSTRUCTIONS TO THE APPLICANT: Fill out this request form completely. Sign, date and return this form to **200 Lincoln Ave, Salinas, CA, 93901 Attn: Public Works** to begin processing. Please include the appropriate fees for the requested curb marking(s). For questions, please contact the Public Works Department (831)758-7241.

Applicant Information

Full Name: HARROD (Last) RAY (First) M (M.I.) Date: 5/26/22

Name of Establishment: R-Abbott, GP

Address: 365 Victor St (Street Address) Suite S (Suite/Unit #)

SALINAS (City) CA (State) 93907 (ZIP Code)

Phone: 831-596-7021 Email: razorharrod1@comcast.net

Curb Marking Request Information

1. Type of curb marking or parking restriction you are applying for:
   ☐ Green 20-Min ☐ Yellow ☐ White ☐ Blue ☒ 90-Min ☐ 1-Hour ☐ 2-Hour
2. Length of Zone Requested (feet): 1000' Abbott & Alameda St
3. Have you applied for a similar curb marking at your establishment before (check one): ☐ Yes ☒ No
   If **yes,** date of last application: _____
4. Are there any existing parking restrictions near your establishment? (check one): ☐ Yes ☒ No
   If ***yes***, please provide the number of parking stalls and location (address): _____
5. Description of your business or property: 110 unit mixed use with 40,000+ sq. ft of commercial uses in 23 units
6. Business hours and days (if applicable): mostly M-F 8-5 (Estimate)
7. How long has your business been located at this address? BRAND NEW
8. Do you own or lease the premise? For how long? OWN - 20 years
9. For Yellow Zones:
   a. Number of pick-ups /deliveries daily: _____
   b. Typical size and type of truck: _____
   c. Estimated times of highest usage: _____

For White or Green Zones:

a. Estimated number of visitors daily: _____

b. Estimated time clients/patrons spend at your establishment: _____

c. Estimated times of highest usage: _____

For Blue Zones (Business):

a. Estimated number of disabled persons visiting premises daily: _____

b. Estimated times of highest usage: _____

For Blue Zones (Residential):

a. Does a garage or driveway exist on site? (check one): ☐Yes ☐No

b. No. of disabled persons in the household: _____

For White, 20-Min Green Zones, 90-Min, 1-Hour and 2-Hour Parking:

a. Estimated number of visitors daily: TBD

b. Estimated time clients/patrons spend at your establishment: 60-90min (ESTIMATE)

c. Estimated times of highest parking usage: M-F 8-5

d. Number of employees: TBD

e. Do your employees use any of off-street spaces? TBD

f. How many off-street parking spaces do you provide? 206

g. Is your establishment within 300ft of a municipal off-street parking facility? (check one): ☐Yes ☒No

10. Is there support from adjacent properties, including support from the Home Owners Association, for installation of the requested curb marking? Can you demonstrate this support if necessary? DON'T KNOW

11. Are there any facilities (churches, schools, shopping malls, office complexes, etc.) in the area that affect the availability of parking or loading at this location? NO

Fees

Please make all checks payable to **CITY OF SALINAS** (Account No. 1000.50.5122-56.5060).

New Curb Marking Fee (per establishment) :	**$865.50**
Annual Renewal Fee (per establishment): Due June 30th of every year	**$303.75**

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that such curb marking(s) reduce the availability of on-street parking space to the general public and appropriate information is provided on the bottom of this application to assist commissioners in determining the justification for altering the present use of the curb. I understand this curb marking(s) request is not a reserved space for my personal use or place of business and parking enforcement for curb markings are generally done on an on-call basis. Also, I understand that special curb markings are all subject to removal by City Staff at any time for the purpose of safety and public use.

*I also understand that if this application is approved, a fee of **$865.50** must be paid for the installation of the curb marking(s), and that an annual **$303.75** renewal fee for the parking stall(s) will be paid June 30th of every year. The approval of my curb marking request form is subject to review by City Staff. The curb markings becomes invalid in the event I vacate the premises or the nature of the business at the premise changes.*

All curb marking requests will be presented to the Traffic & Transportation Commission and City Council for approval. Should my request be denied, my fee will be refunded.

Signature: _____ Date: 5/26/22