

## **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: Markorum Elvin M.I. Date: 5/17/2023		
	ne of ablishment: TRUTILLO TAX SERVICE INC.		
Add	ress: 901 E. ALISAL ST		
	Street Address Suite/Unit #		
	SALINAS CA 93905  City State ZIP Code  ane: 831-771-1534 Email: manual Ofvojulofax.com		
	City State ZIP Code		
Pho	ne: 831-771-1534 Email: manuel Ofruillofax.com		
	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 🌠-Hour		
2.	Length of Zone Requested (feet):		
3. Have you applied for a similar curb marking at your establishment before (check one): ☐Yes			
If yes, date of last application:			
4.	4. Are there any existing parking restrictions near your establishment? (check one): ☐Yes ▼No		
	If <i>yes</i> , please provide the number of parking stalls and location (address):		
5.	Description of your business or property:		
6.	Business hours and days (if applicable): TAK SEASON 10 hrs. OFF SEASON 8 hrs.		
7.	How long has your business been located at this address? 23 y ns.		
8.	Do you own or lease the premise? For how long?		
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 爲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: 15 4 25		
b. Estimated time clients/patrons spend at your establishment:		
c. Estimated times of highest parking usage: 10mm - 8pm		
d. Number of employees:		
c. Estimated times of highest parking usage:		
f. How many off-street parking spaces do you provide?		
g. Is your establishment within 300ft of a municipal off-street parking facility? (check one)	: XYes II No	
10. Is there support from adjacent properties, including support from the Home Owners Association	ı, for installation of	
the requested curb marking? Can you demonstrate this support if necessary?		
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?		
Fees		
Please make all checks payable to <b>CITY OF SALINAS</b> (Account No. 1000.50.5122-56.5060).		
New Curb Marking Fee (per establishment) :	\$865.50	
Annual Renewal Fee (per establishment):  Due June 30 <sup>th</sup> of every year		
	\$301.50	
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 appropriate information is provided on the bottom of this application to assist commissioners in justification for altering the present use of the curb. I understand this curb marking(s) request is space for my personal use or place of business and parking enforcement for curb markings are an on-call basis. Also, I understand that special curb markings are all subject to removal by Cifor the purpose of safety and public use.	n determining the s not a reserved e generally done on	
I also understand that if this application is approved, a fee of \$865.50 must be paid for the instanting(s), and that an annual \$301.50 renewal fee for the parking stall(s) will be paid June 3. The approval of my curb marking request form is subject to review by City Staff. The curb marking invalid in the event I vacate the premises or the nature of the business at the premise changes.	10 <sup>th</sup> of every year. kings becomes	
All curb marking requests will be presented to the Traffic & Transportation Commission and Ciapproval. Should my request be denied, my fee will be refunded.	ty Council for	