

SPECIAL CURB PARKING ZONE

APPLICATION

DATE:

3/29/2016

TO:

Salinas Traffic & Transportation Commission
c/o City Engineer
200 Lincoln Avenue
Salinas, CA 93901

I hereby make application for the following zone(s) at the premises identified below:

(Please Indicate number of zones)

_____ Blue Handicapped Zone(s)

_____ White Loading Zone(s) Passengers

_____ Yellow Loading Zone(s) Materials

☒ Green Twenty Minute Parking Zone(s)

I understand that such zone(s) reduce the availability of on-street curb parking space to the general public and appropriate information is provided on the reverse side of this application to assist commissioners in determining the justification for altering the present use of the curb. Also, **I understand this special zone(s) is not reserved space for my personal use or place of business. The zones are still available for public use.**

I also understand that if this application is approved, a fee of \$ 309.00 must be paid for installation of each parking stall, and that a \$ 94.00 renewal fee for each parking stall will be billed to me on or about July 1 for each following year and must be paid within 30 days to avoid removal and/or cancellation of the special curb parking zone(s). Such approval is also subject to review by the Commission at any time and becomes invalid in the event I vacate the premises or the nature of the business at the premises changes.

The nature of my business is:

Furniture store

Name of Establishment:

ESPINOZA FURNITURE

Address:

1007 E. MARKET ST.

Name of Authorized

Representative:

PABLO ESPINOZA

Business Phone Number:

(831) 753-1766 business
210-2973 cell

INSTRUCTIONS

1. Fill in appropriate information on **BOTH** sides of this form.
2. Enclose a check in the sum of **\$ 309.00** for **Every Parking Stall** requested, made payable to **CITY OF SALINAS** (Acct. # 10.56612).
3. Mail this application to the above address.
4. You will receive a Traffic and Transportation Commission Agenda informing you of the meeting time and date.
5. **If request is denied**, your fee will be **refunded**.



PLEASE PROVIDE THE FOLLOWING INFORMATION

1. How long has your business been located at this address? 22 years.
2. Do you own or lease the premises? For how long? OWN.
3. How many off-street parking spaces do you provide? 15-20 APPROX.
4. Do your employees use any of your off-street spaces? YES.
5. Number of persons you employ? 2
6. What days are you open for business? M-SUN
7. What are your business hours? 10:00 AM - 10PM
8. How long is your average client/patron at your place of business? 20 min - 1 hour
9. How many clients/patrons visit your business during an average day? 10
10. Is your place of business within 300' of a municipal off-street parking facility? NO
11. At what addresses on your block are there any existing zones of the type you have made application for?
NONE
12. Have you applied for a similar zone at your place of business before? NO
13. Where will the new special curb parking zone(s) displace vehicles now using on-street parking in front your business?
SOME OTHER PLACE ALONG E. MARKET OR CARRAGE.

Pablo Espinoza
(Signature)