

Residential Permit Parking Program PERMIT AREA APPLICATION

For Office Use Only

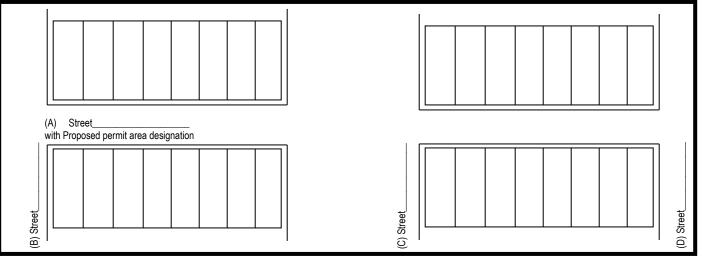
Date Rec'd:____ Request No.:_

Please return the completed application and petition form(s) to: City of Houston ARA Parking Management Division 2020 McKinney, Houston, TX 77003

Applicant										
Name										
Address										
Phone	Fax		Email							
Application Fee \$53.52 (payment required before application will be reviewed)										
Check No	ck No Credit card payment available in person									
Location										
Super Neighborhood	uper Neighborhood Subdivision or Civic Club									
Description of On-Street Parki	ng Problem									
Check the day(s) and specify the tir	ne(s) of day (A.M. or I	P.M.) the on-street	parking problem exists.							
Monday to	Tuesday	to [Wednesday to							
Thursday to	Friday	to	Saturday to							
Sunday to	Designate as a	Fow-Away Zone?	Yes No							
Describe in detail the parking proble	em and the source of	the parking problem	n:							

Map of Proposed Residential Parking Permit Area:

Please use the space below to show the proposed location of the residential parking permit area (curbside areas only). List the street with the proposed permit area designation in A. List the cross-streets in B, C, & D.



City of Houston Residential Permit Parking Program

Petition of Support

We, the undersigned residents and occupants, have received the attached map indicating the proposed Residential Permit Parking area and have indicated if we **SUPPORT** or **DO NOT SUPPORT**. Some residents report a severe lack of adequate parking curbside for themselves or visitors due to non-resident parking. They request the City of Houston designate a Residential Permit Parking area as mapped. The residents in favor of the designation are requesting a Residential Permit Parking area that restricts parking along the ______ block of

(street) on _______ side (s) of the street, to residents and their visitors only by annual permit. If needed, the City will conduct a survey of on-street parking conditions. If approved by City Council, eligible occupants in the block will receive written notice of the permit area boundaries and parking restrictions.

Resident Name	Home Address Street # & Name	Check for Fact Sheet Received	Support	Do Not Support	Vehicle License Plate Number	Signature	Date
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

I as the contact person, agree by signing that I acknowledge the signatures gathered on the petition are genuine and accurate, and that each household has received a fact sheet.

Signature _____

Date _____

Office Use Only Date Received: _____