



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. _____ Credit card payment available in person

Location

Super Neighborhood _____ Subdivision or Civic Club _____

Description of On-Street Parking Problem

Check the day(s) and specify the time(s) of day (A.M. or 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 Tow-Away Zone? Yes _____ No _____

Describe in detail the parking problem and the source of the parking problem:

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.

(A) Street _____
with Proposed permit area designation

(B) Street

(C) Street

(D) Street

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.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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 _____