



Sustainable Streets Division
Transportation Engineering

COLOR CURB APPLICATION FORM

NOTE: Please Allow a Minimum of 1 to 2 Months to Process New Requests

INSTRUCTIONS TO THE APPLICANT: Fill out this application form completely. Sign, date and return this form to begin processing. Please include the non-refundable processing fee for all white, green and driveway red zone requests. If you have general questions regarding the Color Curb Program or regarding the required processing fees, please refer to the attached brochure.

SECTION 1: APPLICANT INFORMATION

Name of Applicant:	Title:
Business Name (if applicable):	Phone:
Address of Requested Zone:	Fax:
Billing Address (if different from above):	
San Francisco, CA 941	

SECTION 2: ZONE REQUEST INFORMATION

- Type of Zone You Are Applying For (check one): Yellow Green White Blue Red
(NOTE: If applying for a driveway red zone, skip to Section 4)
- Is Requested Zone Completely Within Your Frontage? (check one) Yes No
If Yes, is it on the (check one) Front Side Rear of Building

SECTION 3: ADDITIONAL INFORMATION FOR YELLOW, GREEN WHITE OR BLUE ZONES

- Length of Zone Requested (or number of parking spaces): _____
- Type of Business (check one): Wholesale/Warehouse Hotel/Apartment Restaurant
 Retail Medical Office Office Other: _____
- Size of Business (provide as applicable): Number of: _____ sq. ft. _____ seats _____ rooms/units
- Business Hours and Days: _____
- FOR **YELLOW** ZONES:
 - Number of pick-ups/deliveries daily _____
 - Typical size and type of truck _____
 - Estimated times of highest usage _____
- FOR **WHITE OR GREEN** ZONES:
 - Estimated Number of customers/visitors daily _____
 - Estimated times of highest usage _____
- FOR **BLUE** ZONES:
 - Estimated Number of disabled persons visiting premises daily _____
 - Estimated times of highest usage _____

SECTION 4: PURPOSE AND SIGNATURE

PLEASE DESCRIBE THE PURPOSE AND INTENDED USE OF THIS ZONE:

Signature: _____ Date: _____