



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. For additional information, please visit our website at www.sfmta.com in the Parking Section under Color Curbs.

SECTION 1: APPLICANT INFORMATION

Table with 2 columns: Applicant Information and Contact Information. Rows include Name of Applicant, Business Name, Address of Requested Zone, Billing Address, Title, Phone, Fax, and Cell.

SECTION 2: ZONE REQUEST INFORMATION

1. Type of Zone You Are Applying For (check one): Yellow Green White Blue Red (NOTE: Repaint of driveways must include application/processing fee)

2. 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

3. Length of Zone Requested (or number of parking spaces):
4. Type of Business (check one): Wholesale/Warehouse Hotel/Apartment Restaurant Retail Medical Office Office
5. Size of Business (provide as applicable): Number of: sq. ft. seats rooms/units
6. Business Hours and Days:
7. 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 customers/visitors daily b. Estimated times of highest usage
FOR BLUE ZONES: a. Estimated Number of disabled persons visiting premises daily b. Estimated times of highest usage

SECTION 4: PURPOSE AND SIGNATURE

PLEASE DESCRIBE THE PURPOSE AND INTENDED USE OF THIS ZONE:

Blank lines for describing the purpose and intended use of the zone.

Signature: Date: