

**CURB ZONE CHANGE APPLICATION FORM**

NOTE: Please Allow 30 days to Process New Requests

To begin processing, please fill out this application form completely, sign, date and submit it to:

**Curb Access Program at 1 South Van Ness Avenue, 7th Floor, San Francisco, CA 94103-5417**

Please include the **non-refundable** processing fee for all white, general loading, green and driveway red zone requests. Please make the check payable to *SFMTA Curb Access Program*, and do not include the paint fee; you will be invoiced for the paint fee when and if the zone is approved.

For general questions regarding the Curb Access Program or regarding the required processing fees, visit <https://www.sfmta.com/drive-park>

**SECTION 1: APPLICANT INFORMATION**

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

**SECTION 2: ZONE REQUEST INFORMATION**

1. Type of Zone, check all that apply: ☐ Yellow ☐ Blue ☐ White\* ☐ General Loading\*  
☐ Green\* ☐ Driveway Red Zone (skip to Section 4)\*

\* - application and installation fees required

2. Location of the Zone: Within your frontage? ☐ Yes/ ☐ No, explain: \_\_\_\_\_  
☐ Front ☐ Side ☐ Rear of Building

**SECTION 3: ADDITIONAL INFORMATION ONLY FOR YELLOW, GREEN, WHITE, GENERAL LOADING OR BLUE ZONES**

3. Length of Zone Requested (or number of parking spaces): \_\_\_\_\_

4. Type of Business (check one): ☐ Wholesale/Warehouse ☐ Hotel ☐ Residential ☐ Restaurant  
☐ Retail ☐ Medical Office ☐ Office ☐ Other: \_\_\_\_\_

5. Business Hours and Days: \_\_\_\_\_

6. FOR **YELLOW ZONES**:  
a. Number of pick-ups/deliveries daily: \_\_\_\_\_ Number of trucks simultaneously: \_\_\_\_\_  
b. Typical size and type of truck \_\_\_\_\_  
c. Estimated times of highest usage \_\_\_\_\_

- FOR **WHITE/GENERAL LOADING/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: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Payment submitted on: \_\_\_\_\_