Sustainable Streets Division ∗ Transportation Engineering ∗ Color Curb Program

COLOR CURB 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 *Color Curb Program at 1 South Van Ness Avenue, 7th Floor, San Francisco, CA 94103-5417*
Please include the **non-refundable** processing fee for all white, green and driveway red zone requests.
Please make the check payable to *SFMTA Color Curb 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 Color Curb Program or regarding the required processing fees, visit www.sfmta.com and type in "new color curb" in the search box.

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* ☐ 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 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. 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: _____ Number of trucks simultaneously: _____
   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: _____

_____

_____

_____

_____

Signature: _____ Date: _____ Payment submitted on: _____