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

<table>
<thead>
<tr>
<th>Name of Applicant:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Name:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Address of Requested Zone:</td>
<td>Email:</td>
</tr>
<tr>
<td>Billing Address:</td>
<td>Prefer to be contacted via:</td>
</tr>
</tbody>
</table>

San Francisco, CA 9411

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: ____________

www.sfmta.com  (415) 701-4639  ccp@sfmta.com  1 South Van Ness Avenue, 7th Floor San Francisco, CA 94103-5417