

www.sfmta.com

(415) 646-2599



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 INFOR	MATION
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 Type of Zone, check all that apply: Yellow Blue White* Green* Driveway Red Zone (skip to Section 4)*. The provide the section and installation fees required Section of the Zone: Within your frontage? Yes/ No, explain: Side Rear of Building			
3.	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. ftseatsrooms/units			
6.	Business Hours and Days:			
7.	FOR YELLOW ZONES:	a. b. c.	Typical size and type of truck	Number of trucks simultaneously:
	FOR WHITE OR	a.	Estimated Number of customers/vis	itors daily
	GREEN ZONES:	b.		
	FOR BLUE ZONES:			ons visiting premises daily
	ease describe the purpose ar	nd int	SECTION 4: PURPOSE AND SIG	NATURE
Sic	gnature:		Date: P	ayment submitted on:

ccp@sfmta.com

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