



City of Salinas

PUBLIC WORKS DEPARTMENT • 200 Lincoln Ave • Salinas, California 93901

(831) 758-7241 • (831) 758-7935 (Fax) • www.cityofsalinas.org

SPECIAL CURB MARKING APPLICATION

INSTRUCTIONS TO THE APPLICANT:

Fill out this form and return to **200 Lincoln Ave, Salinas, CA 93901 Attn: Public Works.**

Please include the appropriate fees for the requested curb marking(s). For questions, please contact the Public Works Department (831) 758-7241.

APPLICANT/OWNER INFORMATION: COMPLETE ALL FIELDS

Name: _____ Date: _____

Business Name: _____ Phone: _____

Business Address: _____ Email: _____

Do You: Lease or Own
the Property?

Mailing Address: _____
(If Different Than
Business)

Type of Curb Marking Requested:

Property Owner: _____
(If Different From
Applicant)

- No Parking
- Time-Limited Parking
- Loading (White / Yellow)
- Disabled Parking (Blue)

CURB MARKING REQUEST: COMPLETE ALL APPLICABLE FIELDS

Time-Limited Parking restriction requested: 20-Min Green 90-Min 1-Hour 2-Hour

Length of zone (feet) or parking stalls requested: _____

Number of visitors daily at your establishment: _____

Number of pick-ups/deliveries daily: _____

Typical size and type of truck: _____

Have you applied for a curb marking at your establishment before (check one): Yes No

If **yes**, date of last application: _____

Are there any existing parking restrictions near the property? (check one): Yes No

If **yes**, please provide the number of parking stalls or length of zone (feet) and address location: _____

For Blue Zones (Only)

Blue Zones (Business):

Does the facility provide off-street parking?: Yes No

Blue Zones (Residential):

Disabled person permanent placard number: _____

Are you the property owner of the residence for the requested location? (check one): Yes No
(If **no**, please provide property owner consent signature on the next page.)

Please describe the situation that validates the need for blue curb marking:

Does a driveway exist on site with a minimum width of fourteen (14) feet?: Yes No

PROPERTY INFORMATION: COMPLETE ALL APPLICABLE FIELDS

Land use: Commercial Retail Residential Industrial

Business days and hours: _____

Number of employees: _____

Do your employees use any of off-street parking?: Yes No

If **yes**, how many off-street parking do you provide?: _____

Is there support from adjacent properties, including support from the home owners association or business owner, for the installation of the requested curb marking?: Yes No

Are there any facilities (church, school, shopping center, office complex, etc.) in the vicinity that affect the availability of parking at this location?: Yes No

GENERAL DISCLAIMER AND RELEASE OF LIABILITY

I certify that my answers are true and complete to the best of my knowledge.

I understand that such curb marking(s) reduce the availability of on-street parking space to the general public and appropriate information is provided on this application to assist the city engineer in determining the justification for altering the present use of the street curb. I understand this curb marking(s) request is not a reserved space for my personal use or place of business and parking enforcement for curb markings are generally done on an on-call basis. I understand that special parking regulations are all subject to removal by city engineer at any time for the purpose of safety and public use.

Should my request be denied, my fee will be voided.

The special parking restrictions program (herein referred to as program) is a voluntary program offered by the city of Salinas (herein referred to as city).

I hereby acknowledge that I am voluntarily participating in the program. I hereby assume full responsibility for all liability and all risk of injury or loss, including death, which may result from my participation in this program. I hereby agree to hold harmless, release, waive, forever discharge and covenant not to bring legal action or claim against city or its employees from any and all claims or demands I may have by reason of any accident, illness, injury or death, or damage to or loss or destruction of any property, arising or resulting directly or indirectly from my participation in the program and occurring during such participation or any time subsequent thereto.

This liability waiver and general release of all claims applies whether or not such loss, injury or death is caused or alleged to be caused by any act or omissions by city or other parties, negligent or otherwise, related to my participation in the program. This liability waiver and general release of all claims is binding to me, my heirs, executors, administrators, and all of my family members.

I affirm that the information I have provided is true and accurate.

Applicant Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

CITY USE ONLY

Application Requested

Approved Denied Signature: _____ Date: _____

Hardship Waiver Requested (Applies Only to Residential Blue Zones)

Approved Denied Signature: _____ Date: _____