



# CURB MARKING REQUEST APPLICATION

Please fill out the application completely. If you have general questions regarding Danville's curb marking policy, please refer to the *Curb Marking Policy and Procedures*, or contact the Transportation Division at (925) 314-3384.

<b>Contact Name:</b> _____	<b>Phone:</b> _____
<b>Business Name:</b> _____	<b>Fax:</b> _____
<b>Address:</b> _____	<b>E-Mail:</b> _____

1. Type of curb marking (color zone) you are applying for with associated fee:

- NON-CRITICAL NO PARKING ZONES (RED)
- CRITICAL NO PARKING ZONES (RED)
- PASSENGER LOADING ZONE (WHITE)
- COMMERCIAL LOADING ZONE (YELLOW)
- SHORT-TERM PARKING ZONE (GREEN)
- DISABLED PARKING ZONE (BLUE)

2. Is requested curb marking completely within your property frontage? \_\_\_ YES \_\_\_ NO

If **NO**, then please have the owner/resident of the property where the curb marking will be installed fill out the following information:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Do you consent to allow the requested curb marking in front of your property?** \_\_\_ YES \_\_\_ NO

**Signature:** \_\_\_\_\_

3. Length of Zone Requested: \_\_\_\_\_

4. Land-Use Type (check one):

- |   |                                 |                                      |
|---|---------------------------------|--------------------------------------|
| <input type="checkbox"/> SINGLE FAMILY HOME | <input type="checkbox"/> RETAIL | <input type="checkbox"/> RESTAURANT  |
| <input type="checkbox"/> MEDICAL OFFICE     | <input type="checkbox"/> OFFICE | <input type="checkbox"/> OTHER _____ |

5. For **Loading Zones** (yellow):

- Number of pick-ups/deliveries daily: \_\_\_\_\_
- Estimated times of pick-ups/deliveries: \_\_\_\_\_
- Typical size and type(s) of truck(s): \_\_\_\_\_

For **Passenger Loading** (white) or **Short-Term Parking** (green):

- Estimated number of customers/visitors daily: \_\_\_\_\_
- Estimated times of highest usage: \_\_\_\_\_

For **ADA** (blue):

- Estimated number of disabled persons visiting premises daily: \_\_\_\_\_
- Estimated times of highest usage: \_\_\_\_\_

6. Are there any facilities in the area that affect the availability of parking or loading at this location? \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

RETURN TO: Town of Danville  
Transportation Division  
510 La Gonda Way  
Danville, CA 94526

# PETITION FOR CURB MARKING INSTALLATION

Dear Transportation Services Division:

The business owners/managers of the \_\_\_ hundred block of (street name) \_\_\_\_\_ are requesting a (type of curb marking) \_\_\_\_\_ curb marking of \_\_\_ feet at (address) \_\_\_\_\_.

The purpose of this request is for the following reasons:

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The following business owners/managers, **representing at least 70% of the businesses residing within the immediate hundred block of the requested curb marking location**, are in agreement to the type, duration, and placement of the curb marking being requested:

BUSINESS	OWNER/MANAGER	ADDRESS	SIGNATURE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Add additional pages for signatures if applicable)