



DEPARTMENT OF MAYOR'S OFFICE OF CAPITAL PROJECTS



TREELAWN PARKING PERMIT APPLICATION

Property Owner Name: _____

Permit Address: _____

Phone Number: _____

Email: _____

Intent to hard surface area: Yes No Stripe?: Yes No

Need / Reason: _____

Recommendations:

Conditions:

Commissioner, Traffic Engineering (Date)

Comments

Commissioner, Engineering & Construction (Date)

Comments

Approval:

Director, City Planning Commission (Date)

Comments

Notice:

Council Member, Ward _____ Wave 30-day notice? _____ (Date)

Comments

Inspection:

Section Chief Permits and Sidewalks (Date)

Comments

Issuance:

This permit shall be subject to revocation if the area so described is not maintained in a condition satisfactory to the Director of Mayor's Office of Capital Projects, or if it unduly interferes with the normal movement of traffic upon said street or otherwise constitutes a nuisance.

Director, Mayor's Office of Capital Projects (Date)