

Date Received _____

WO# _____

COUNTY OF SAN MATEO
DEPARTMENT OF PUBLIC WORKS
ROAD OPERATIONS – PERMITS
COUNTY GOVERNMENT CENTER
752 Chestnut St
Redwood City, CA 94063



Parking Request Application (Parking Restrictions)

Contact information (Please type or print clearly):

Name _____

Address _____

City _____

Telephone _____ Email Address _____

Site Information (if different from address):

Street Address or Nearest Intersection:

Brief Statement of Problem:

Attached site plan showing location of proposed restrictions.

Parking Restriction Requested: (check one of the following)

- Time Limited Parking _____ hrs or _____ minutes
- No Parking
- Time Restricted Parking. (Please specify time from _____ to _____)
- Disabled Parking
- Loading Zone. (Please specify time from _____ to _____)

For Office Use Only

- Site Visited
- GIS Map reviewed and updated as required
- Staff approved denied because _____

- Fee Paid by Applicant. Amount \$ _____ Cash Check # _____
(Fees as listed on website per location + \$10 per foot to be paid by applicant in advance)
- Board Approval Date _____

Send to 752 Chestnut St. Redwood City, CA 94063 Or email dpwtraffic@smcgov.org Or Fax 650-366-7238