



PARKING REDUCTION PERMIT APPLICATION

All applications and submittal requirements must be discussed with a planner at the Permit Services Center (633 E. Broadway, Rm. 101) prior to submittal. After you have completed your application packet and are ready to submit it, schedule an appointment with your contact planner (noted on the Application Instructions). A case planner will be assigned after the application is officially submitted.

FOR STAFF USE ONLY

- EIF/EIR on file, Case No. _____ Date _____
- Previous EIF/EAF/EIR applicable No. _____ (mins. attached)
- Project Exempt (forms attached) Initials _____

CASE NO. _____
DATE _____

Please PRINT or TYPE all information

PART 1 – PROPERTY INFORMATION

- A. Address of property requesting a parking reduction _____
- B. Zone(s) / District(s) _____
- C. Nearest cross streets _____
- D. Legal description of the property _____

PART 2 – APPLICANT INFORMATION

- A. _____
(First Name) (Last Name)
- B. _____
(Street Address) (City) (State) (Zip Code) (Area Code - Phone Number)
- C. Check one box - Architect Builder/Developer Consultant Owner Other _____

PART 3 – PARKING REDUCTION INFORMATION

- A. Project description/request _____

- B. Hours of operation _____
- C. How many parking spaces are currently available for your use?
On-site spaces _____
Off-site spaces _____
Address _____
Describe terms _____

PART 4 – FINDINGS OF FACT (per Glendale Municipal Code Title 30, Chapter 30.50.040)

Please note that a parking demand study, conducted by a licensed traffic engineer or other transportation professional, satisfactory to the Director of Planning may be required. A request of parking reduction shall be granted only if the reviewing authority makes the following findings of fact.

A. FOR MIXED USE PROJECTS

1. How many parking spaces are required by Code? _____
2. How many parking spaces are you providing? _____
3. Describe the characteristics of the proposed mix of uses that would justify a reduction in parking. _____

4. For each use, provide the number of spaces required by each land use on an hourly basis between 6 am and 12 midnight for a typical weekday and a Saturday. _____

B. FOR INTENSIFICATION OF USE WITHIN AN EXISTING BUILDING (located within a reasonable distance of an off-street City parking facility)

1. What are the peak hours of use and turnover rate? _____

2. In addition to using an off-street public parking facility, describe any other means you have to meet the parking requirements (i.e., leasing spaces). _____

3. What is the availability of spaces in the nearby City parking facility? _____
4. How far is the nearby City parking facility from the existing building? _____
5. How would you ensure that employees and patrons use the nearby City parking facility? _____

C. FOR A COMMERCIAL OR RESIDENTIAL USE PROPOSED ADJACENT TO LOCAL OR REGIONAL MASS TRANSIT LINES OR ROUTES

1. For each use, provide the number of spaces required by each land use on an hourly basis between 6 am and 12 midnight for a typical weekday and a Saturday. _____

2. For a commercial or residential use, what is the distance of the proposed use to local or regional mass transit lines or stops? _____
3. Describe the characteristics of the proposed use as it relates to transit usage that would justify the reduction of parking spaces, including the projected transit usage on weekdays and weekends. _____

D. FOR PROJECTS OTHER THAN THOSE DESCRIBED ABOVE

1. Explain why the parking need for your use is not as great as for other similar land uses. _____

2. How has the intent of the parking regulations been met? _____

3. Explain how existing parking demand is currently provided and why it is sufficient to serve the proposed use and future uses. _____

4. For each use, provide the number of spaces require by each land use on an hourly basis between 6 am and 12 midnight for a typical weekday and a Saturday. _____

5. Describe how the parking requirement established in the Zoning Code is greater than what will actually be needed by the proposed land use. _____

6. Statement of additional facts related to the application. _____

Note: Failure to furnish the above information will delay action on the request. Three (3) copies of this application are to be submitted.

ALL PROPERTY OWNERS MUST SIGN THIS APPLICATION:

1. _____ Property Owner's Name – Please Print	2. _____ Property Owner's Name – Please Print
_____	_____
Property Owner's Signature/s	Property Owner's Signature/s
_____	_____
Property Owner's Street Address if not applicant	Property Owner's Street Address if not applicant
_____	_____
City State Zip Code	City State Zip Code
_____	_____
Phone No. Date	Phone No. Date

SIGNATURE AND NAME OF APPLICANT IF OTHER THAN PROPERTY OWNER:

1. _____
Applicant's Name – **Please Print**

2. _____
Applicant's Name – **Please Print**

Applicant's Signature

Applicant's Signature

Date

Date

FOR STAFF USE ONLY

Date received in Permit Services Center _____ Received by _____ Date Stamp

Fee paid _____ Receipt No. _____