Permit No.: _____ **Date:** _____

TEMPORARY PARKLET PERMIT APPLICATION

Public Right-of -Way

APPLICANT REQUIRED INFORMATION

Restaurant Name(s): _____

_____ _____
Property Address/Location Assessor's Parcel No(s)

_____ _____
Property Owner(s) Phone

_____
Owner's Address

_____
Owner's Email Address

_____ _____
Applicant/Business Owner (if different than Property Owner) Phone

_____
Applicant/Business Owner's Address

_____
Applicant/Business Owner's Email Address

_____ _____
Designated Representative of Applicant(s)/Owner(s) (ONE ONLY) Phone

_____

PROJECT INFORMATION:

Base:
- ☐ Custom Built Platform
- ☐ Modular *(Pre-fabricated)*

Roof:
- ☐ Sail
- ☐ No Roof
- ☐ Solid Roof *(Building Permit Required)*

Electrical:
- ☐ Yes
- ☐ No

Traffic Safety:
- ☐ Modular Parklet
- ☐ Water Barricade
- ☐ Engineered Platform *(Structural Calculations Required)*

Parking Space Size:
- ☐ 1 Space
- ☐ 2 Spaces
- ☐ 3 Spaces

Width of Restaurant Frontage:_____

Max Width of Parklet (80%):_____