

Application for Restricted Parking Zone (RPZ) Permits for Businesses



Date _____

RPZ Number _____ Number of permits requested _____

Business Name _____

Business Address _____

General Hours of Business Operation _____

Number of Employees _____ City of Seattle Business License # _____

Contact Name _____

Contact Phone _____ Contact E-mail _____

Please do your best to answer the following questions:

1. Is there non-RPZ signed on-street parking (i.e. unrestricted parking available to your employees) within ¼ mile walk from your place of business?

_____ Yes _____ No

Comment _____

2. Is there off-street public parking (paid or unpaid) within ¼ mile walk from your place of business?

_____ Yes _____ No

Comment _____

3. Is there a public transit stop within ¼ mile walk from your place of business?

_____ Yes _____ No

Comment _____

4. If yes above, how many different transit routes serve the stop(s) that are within ¼ mile walk? _____

Please list the specific routes

Comment _____

5. General Comments _____

Applicant's signature _____ Date _____

Phone _____

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