ON-STREET PARKING MODIFICATION REQUEST PROCESS

Process:
1. Complete and submit Page 1 of the On-Street Parking Modification Request Form with a description of the on-street parking issue and initial proposed changes to Mobility Services Division.
2. City staff will review the conditions in the affected area and will work with the applicant to refine proposed changes to address the identified issue.
3. If a staff-supported solution is determined, the Project Champion should use Page 2 of this application to gather signatures showing support or opposition from all adjacent or impacted properties including businesses, residences, and homeowners’ or condo associations. Staff also recommend reaching out to civic or citizens associations for the affected area if applicable.
4. Once signatures are returned to staff, the request will be docketed for a Public Hearing before the Traffic and Parking Board. Notification of hearing on the proposed changes will be posted in the affected area. The Project Champion is expected to attend the Traffic and Parking Board Public Hearing and provide testimony.
5. If the Traffic and Parking Board approve the proposal, city staff will communicate to nearby communities of pending parking changes.
6. Once nearby communities have had adequate notice, the parking modifications will be implemented by City staff.
ON-STREET PARKING MODIFICATION REQUEST FORM

Please fill out the first page of this application and return to max.devilliers@alexandriava.gov or mail to Max Devilliers, Mobility Services, 421 King Street, Suite 235, Alexandria, VA 22314. Staff will contact the Project Champion to further refine proposed solution to address the issue that the applicant is trying to address.

Reason for the Request (What are you trying to solve/address?):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Type of On-Street Parking Modification Requested:
☐ Loading Zone Removal    ☐ Loading Zone Addition
☐ Parking Removal    ☐ No Parking Sign Removal
☐ Parking Restriction Change (Non-RPP)

Proposed restrictions ____________________________

Location: ....................................................................................................................
(Map or figure may be provided as an attachment)

Approximate number of spaces affected (assume 20 feet per space): _________

Project Champion (Point of Contact) Information:

Name: _______________________________________________________________________

Address: ___________________________________________________________________

Email: _______________________________________________________________________

Phone Number: ___________________________________________________________________

Best Way to Contact: ☐ Email    ☐ Phone
Best Time of Day to Contact: ☐ Morning    ☐ Afternoon
We the undersigned hereby support or oppose (as indicated) the proposed on-street parking change:

(Petition should include signatures from a representative, property owner, occupant, or manager for all properties, homeowners' / condo associations, and businesses adjacent to or impacted by the proposed on-street parking modification. Additional signatures may be gathered to show support.)

<table>
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<tr>
<th>Name (printed)</th>
<th>Support or Oppose Request</th>
<th>Signature/Date</th>
<th>Address/ Business/ Association</th>
<th>Property Affiliation (owner, occupant, manager, etc.)</th>
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