## **SFMTA**

## Municipal Transportation Agency



Sustainable Streets Division Transportation Engineering

## **COLOR CURB APPLICATION FORM**

NOTE: Please Allow a Minimum of 1 to 2 Months to Process New Requests

INSTRUCTIONS TO THE APPLICANT: Fill out this application form completely. Sign, date and return this form to begin processing. Please include the non-refundable processing fee for all white, green and driveway red zone requests. If you have general questions regarding the Color Curb Program or regarding the required processing fees, please refer to the attached brochure.

SECTION 1: APPLICANT INFORMATION			
Name of Applicant:			Title:
Business Name (if applicable):			Phone:
Address of Requested Zone:			Fax:
Billing Address (if different from above):			
San Francisco, CA 941			
SECTION 2: ZONE REQUEST INFORMATION			
1.	Type of Zone You Are Applying For (check one):   Yellow   Green   White   Blue   Red  (NOTE: If applying for a driveway red zone, skip to Section 4)		
2.	Is Requested Zone Completely Within Your Frontage? (check one) Yes No If Yes, is it on the (check one) Front Side Rear of Building		
SECTION 3: ADDITIONAL INFORMATION FOR YELLOW, GREEN WHITE OR BLUE ZONES			
3.	Length of Zone Requested (or number of parking spaces):		
4.			☐Hotel/Apartment ☐Restaurant ☐Office ☐Other:
5.	Size of Business (provide as applicable): Number of:sq. ftseatsrooms/units		
6.	Business Hours and Days:		
7.	FOR <b>YELLOW</b> ZONES:	b. Typical size and type of truck	ly
	FOR <b>WHITE</b> OR		visitors daily
	GREEN ZONES:		
	FOR <b>BLUE</b> ZONES:	·	rsons visiting premises daily
SECTION 4: PURPOSE AND SIGNATURE			
PLEASE DESCRIBE THE PURPOSE AND INTENDED USE OF THIS ZONE:			
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Signature:			

(415) 701-4500