

## ZONE F BUSINESS AREA PARKING PERMIT EMPLOYEE ROSTER

### Instructions for completing form:

1. Fill out the form in the web browser.
2. Click the print button.
3. Choose "save as PDF".
4. Save the form to your device, give it a name you can easily locate.
5. Log into the online permit system. Follow the prompts.
6. On step 4, you will click "choose file".
7. Find the file saved to your device.
8. Double click on the file to upload it to the online permit system.
9. Note that when the file has been successfully uploaded, it will say "submitted".

### 1. APPLICANT INFORMATION

Name:

Address:

### 2. OFF-STREET PARKING DECLARATION

In the interest of preserving the livability of your neighborhood, your Neighborhood Association and Parking Committee requires all applicants in Zones F, H and I to declare the number of available off-street parking spaces. The number of resident permits allowed per address will be reduced proportionately by the number of off-street parking spaces. This does not affect guest permit allotment.

#### Off-street Parking Space Definition

An off-street parking space includes parking lots, parking structures, garages, carports, driveways without carports or garages, and any other legal parking space on private property.

#### **Please complete the following information.**

Number of off-street spaces available:

### 3. CALCULATE NUMBER OF PERMITS

The number of annual business permits available to your business is calculated from the payroll information you submit. Zone F businesses may purchase up to 50% of the total FTE.

To calculate your allotment:

- Add total number of employee hours per week (maximum 40 per employee):
- Divide total number of hours by 40. This is your total FTE:
- Multiply total FTE by .5 and round up. Subtract the number of off-street spaces available (see # 2 above). This is the maximum number of permits you are allowed to purchase:



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## 4. SIGNATURE

By applying for this permit and signing the application, the undersigned agrees to the following:

- All the information on this form (and any supplemental information I have provided) is true and correct.
- I authorize the parking permit program administrator to verify any information contained herein.
- The business permit(s) assigned to employees may only be used for the purposes of conducting business.
- To immediately cancel my permit(s) if the business relocates outside of the permit area.
- All permit(s) will be canceled and vehicles will be subject to citation if improper use is demonstrated.

Signature (*Type your full name*)

Date:

## 5. EMPLOYEE ROSTER

No.	Last Name	First Name	Hours work per week
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No.	Last Name	First Name	Hours work per week
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No.	Last Name	First Name	Hours work per week
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No.	Last Name	First Name	Hours work per week
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**Please submit additional roster pages if you have more than 150 employees.**



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