

APPLICATION FOR MODIFICATION OF HARD-SURFACING REQUIREMENT

Name of applicant _____

Mailing Address _____ Phone _____

Authorized Agent _____

Mailing Address _____ Phone _____

Legal Description or Address of Property

Years requested _____

New parking lot Existing parking lot Year Built? _____

Present surfacing of parking lot?

Parking Lot: Gravel Dirt Concrete Asphalt Other
Entrance: Gravel Dirt Concrete Asphalt Other

Type of business or use served by your parking lot

Does your business involve customer parking needs?

Does the modification arise from conditions which are unique to the property and are not ordinarily found the same zoning district? _____

Approximately size of parking lot _____

Lot is occupied by: Autos Trucks Vans

How many vehicles can the lot hold? 0-10 11-20 21-30 31-40
41-50 51-100 over 100

How many employees in your establishment _____

Type of use served by your parking lot _____

If your lot is currently used for other than parking, i.e. storage, workshop, etc what is its use? _____

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If you are unable to park all of your vehicles in the assigned lot, where else do you park?

When was the main structure built? _____

Year of any additions built to the main structure _____

Size _____

Any other building on the lot? _____ Square footage _____

What is the square footage/acres of the parcel _____

Zone district _____

Any specific or unusual parking problems with your operation?

Will this waiver cause drainage problems, traffic hazards or other detrimental problems in the area? _____

Any long or short term projections for further development on this parcel

Please provide a time-line with phases for hard-surfacing the parcel. Attach a site plan with phases shown.

Signature

Applicant

Authorized Agent