

Propert	ty Address: Zoning District:
Applicant:	
прриса	Name Home Address
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	Contact Phone #
Zoning,	and uses requiring a parking determination by the Department's Bureau of Planning and the following information and materials must be submitted with the applicant's request ermination. Information should be provided in the form of a letter on the applicant's ead.
	Location (address) of proposed use.
	Zoning District of Subject Property.
۵	Description of services rendered (e.g. day care, transitional residence, community center, etc.).
	Description of property.
	Maximum number of employees on any one shift.
	Description of clients (e.g. children, teens, elderly, homeless, etc.). If day care, please include age break-down, # of: infants, toddlers, two-year-olds, three- to four-year-olds, pre-school & school aged.
	Other uses in building (if applicable).
	Anticipated number of clients.
X.	Seating capacity (if applicable).
	Days and hours of operation.
	Proximity to public transportation.
	Number of any existing off-street parking spaces on-site (parking spaces that are on the property).
	Floor Plans with measurements.
J	Site Plan or Plat of Survey with measurements.