

City of San Mateo
Department of Public Works
330 W. 20th Avenue
San Mateo, CA 94403

General Curb Marking Request Form

The purpose of this form is to enable business/property owners to request the installation of curb markings in front of their business/residence.

INSTRUCTIONS TO THE APPLICANT: Fill out this request form completely. Sign, date, and return this form to begin processing. Please include the appropriate fees for the requested curb marking according to the [adopted fee schedule](#). If you have general questions regarding the City's curb marking policy, please refer to the City's *Policy and Procedures for Installation of Curb Markings*.

Contact Name: _____ Phone: _____
Business Name: _____ Fax: _____
Address: _____ E-Mail: _____

1. Type of curb marking (color zone) you are applying for:
- | | |
|---|---|
| <input type="checkbox"/> Yellow: application fee + installation fee | <input type="checkbox"/> Driveway Red Tipping: application fee + installation fee |
| <input type="checkbox"/> White: application fee + installation fee | <input type="checkbox"/> Non-Critical Red Zones: application fee + installation fee |
| <input type="checkbox"/> Green: application fee + installation fee | <input type="checkbox"/> Critical Red Zone: no application or installation fee required |

2. Reason for request: _____

3. Is the requested curb marking completely within your property frontage? (check one): Yes No
If no, then please have the owner/resident of the property where the curb marking will be installed fill out the following information (If left blank, curb markings will only be installed along requested property frontage if approved):
Name: _____
Address: _____
Phone Number: _____
Do you consent to allow the requested curb marking in front of your property? Yes No
Signature: _____

4. For the installation of Yellow, White, or Green Zones:
- | | |
|---|--|
| a. Length of Zone Requested: _____ | d. Estimated times of highest usage: _____ |
| b. Business hours and days: _____ | e. Estimated number of customers/visitors daily: _____ |
| c. Number of pick-ups/deliveries daily: _____ | |

5. Property Type (check one): Single Family/Duplex/Triplex Home Wholesale/Warehouse Restaurant Office
 Hotel/Apartment/Condominium Retail Medical Office Other: _____

6. Are there any facilities (churches, schools, shopping malls, office complexes, etc.) in the area that affect the availability of parking or loading at this location? _____

Signature of Applicant: _____ Date: _____