

APPLICATION FOR RESTRICTED PARKING ZONE (RPZ) PERMITS FOR BUSINESSES

Date _____

General Hours of Business Operation _____

RPZ Number _____

Number of Employees _____

Number of permits requested _____

City of Seattle Business License # _____

Business Name _____

Contact Name _____

Business Address _____

Contact Phone _____

Contact E-mail _____

Please do your best to answer the following questions:

1. Is there non-RPZ signed on-street parking (i.e. unrestricted parking available to your employees) within ¼ mile walk from your place of business?

Yes No

Comment _____

2. Is there off-street public parking (paid or unpaid) within ¼ mile walk from your place of business?

Yes No

Comment _____

3. Is there a public transit stop within ¼ mile walk from your place of business?

Yes No

Comment _____

4. If yes to #3, how many different transit routes serve the stop(s) that are within ¼ mile walk?

Please list the specific routes _____

Comment _____

5. General Comments

Applicant's signature

Date _____

Phone _____

SUBMIT BY MAIL OR EMAIL:

ATTN: Audra Brecher
Seattle Department of Transportation
P.O. Box 34996
Seattle, WA 98124-4996

QUESTIONS?

E-mail: rpzrequests@seattle.gov
Phone: (206) 491-9775



Seattle
Department of
Transportation