



Date of Initial Submittal: \_\_\_\_\_ Date of Completed Submittal: \_\_\_\_\_

## CITY OF ATLANTA ~ DEPARTMENT OF PUBLIC WORKS APPLICATION FOR ON-STREET VALET PARKING PERMIT – PAGE 1

This application for a permit must be completed by any person who desires to operate a valet parking service in the public right-of-way, or on private property which requires the use of the public right-of-way for maneuvering vehicles.

A joint application may be made for one valet parking service to provide service to two or more premises located in close proximity to the proposed valet service pick-up/drop-off zone. This application is a:

- A Single Application for valet parking service for one (1) business
- A Joint Application for valet parking service to provide service to two (2) or more businesses

If this is a joint application, this application form must be completed and submitted by each applicant.

**APPLICANT INFORMATION:**

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

THE APPLICANT IS A  PROPERTY OWNER  LESSEE (Check one.)

**PROPERTY OWNER INFORMATION (To be completed only if the applicant is not the property owner.):**

A Notarized Affidavit by the Property Owner is required to be submitted with this application.

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**INDEPENDENT CONTRACTOR INFORMATION (PROVIDING VALET PARKING SERVICES): (To be completed only if the applicant is using an independent contractor for the provision of on-street parking valet service.)**

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

- Submission Requirements: See the attached detailed checklist.
- General Requirements: Refer to City of Atlanta Code of Ordinances Chapter 150 Traffic and Vehicles Sections 120 – 131 for the full requirements. Each permit shall be valid until January 31, 2010. Permit fees for periods greater than or less than one year will be prorated accordingly. The Pilot Program duration may be extended past January 31, 2010 or the program converted to a permanent program only with the approval of City Council.
- Fees (payable to "City of Atlanta" in the form of cash, credit card, personal check, cashier's check, or money order):
  - Due with submittal of this application:
    1. Permit Application Fee (\$300, non-refundable)
  - Due upon application approval and calculated by the Department of Public Works:
    2. Annual Fee of \$35 per linear foot of curbside space designated for valet parking service drop-off and pick-up zones
    3. Sign Installation Fee (\$150 per sign)
    4. Metered Parking Spaces Fee (\$8 per day per meter)

**(FOR DEPARTMENT OF PUBLIC WORKS OFFICE USE ONLY)**

File Number: \_\_\_\_\_

This application for a Valet Parking Service Permit was  **Approved** or  **Denied** on \_\_\_\_\_

\_\_\_\_\_  
Signed for Commissioner, Department of Public Works

\_\_\_\_\_  
Staff Reviewer - Print Name



Applicant Name (from page 1): \_\_\_\_\_

## CITY OF ATLANTA DEPARTMENT OF PUBLIC WORKS APPLICATION FOR ON-STREET VALET PARKING PERMIT – PAGE 2

If this is a joint application, this application form must be completed and submitted by each applicant.

**PROPOSED LOCATION OF THE VALET PARKING SERVICE PICK-UP/DROP-OFF ZONE:**

Land District: \_\_\_\_\_ Land Lot: \_\_\_\_\_ Zoning Classification: \_\_\_\_\_ Council District: \_\_\_\_\_ NPU: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**NEAREST INTERSECTION:**

\_\_\_\_\_ (North-South Street)  
at \_\_\_\_\_ (East-West Street)

TOTAL LINEAR FOOTAGE REQUESTED FOR PICK-UP/DROP-OFF ZONE (MIN 50FT): \_\_\_\_\_

**NAME OF BUSINESS ESTABLISHMENT(S) SERVED:**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**PROPOSED HOURS AND DAYS OF OPERATION:**

Sun.: _____ to _____	Wed.: _____ to _____	Fri.: _____ to _____
Mon.: _____ to _____	Thurs.: _____ to _____	Sat.: _____ to _____
Tues.: _____ to _____		

**PROPOSED LOCATION OF THE VALET PARKING SERVICE RESERVOIR AREA:**

Land District: \_\_\_\_\_ Land Lot: \_\_\_\_\_ Zoning Classification: \_\_\_\_\_ Council District: \_\_\_\_\_ NPU: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**NEAREST INTERSECTION:**

\_\_\_\_\_ (North-South Street)  
at \_\_\_\_\_ (East-West Street)

**A Notarized Affidavit that the applicant has the legal right to park vehicles at the location identified must be attached.**

I HEREBY DEPOSE AND SAY THAT ALL STATEMENTS HEREIN AND ATTACHED STATEMENTS SUBMITTED ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO HEREBY AUTHORIZE CITY OF ATLANTA STAFF TO INSPECT THE PREMISES OF THE ABOVE DESCRIBED PROPERTY.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

(FOR DEPARTMENT OF PUBLIC WORKS OFFICE USE ONLY)

File Number: \_\_\_\_\_

This application for a Valet Parking Service Permit was  **Approved** or  **Denied** on \_\_\_\_\_

\_\_\_\_\_  
*Signed for Commissioner, Department of Public Works*

\_\_\_\_\_  
*Staff Reviewer - Print Name*