

Date Received \_\_\_\_\_

Item# \_\_\_\_\_

COUNTY OF SAN MATEO  
DEPARTMENT OF PUBLIC WORKS  
ROAD OPERATIONS – PERMITS  
COUNTY GOVERNMENT CENTER  
752 Chestnut St  
Redwood City, CA 94063



## Traffic Control Request Application (Parking Restrictions)

**Contact information (Please type or print clearly):**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**Site Information (if different from address):**

Street Address or Nearest Intersection:

\_\_\_\_\_

Brief Statement of Problem:

\_\_\_\_\_

\_\_\_\_\_

**Parking Restriction Requested:** (check one of the following)

- Time Limited Parking \_\_\_\_\_ hrs or \_\_\_\_\_ minutes
- No Parking
- Time Restricted Parking. (Please specify time from \_\_\_\_\_ to \_\_\_\_\_)
- Disabled Parking
- Loading Zone. (Please specify time from \_\_\_\_\_ to \_\_\_\_\_)

***For Office Use Only***

- Site Visited
- GIS Map reviewed and updated as required
- Staff  approved  denied because \_\_\_\_\_

- Fee Paid by Applicant. Amount \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_  
(Fee Rates: \$53 per location + \$10 per foot to be paid by applicant upon approval by Board of Supervisors)

Board Approval Date \_\_\_\_\_