



City of Fairfax, Virginia

Public Works Department/Transportation Division

10455 Armstrong Street • Room 200 • Fairfax, VA 22030-3630

P 703.385.7810 • F 703.591.5727 • www.fairfaxva.gov

RESIDENTIAL PARKING PERMIT DISTRICT REQUEST FORM

Residential parking permit districts are governed by City Code, Chapter 98, Article IV, Division 3

Neighborhood Point of Contact Information

Point of Contact Name: _____

Email: _____ Phone #: _____

Address: _____

Request Details

State the exact boundaries of the proposed residential parking restrictions. Please use exact street names and attach a drawing or additional information, if necessary.

Check One:

- New residential parking district (requires 4 full blocks minimum)
- Expand an existing district (requires 2 full blocks minimum); District # to be modified: _____

We, the undersigned property owners/lessees on _____ (street names)
between _____ (street name) and _____
(street name) request that the city consider implementing Residential Permit Parking restrictions in this area.

Please describe why you think parking restrictions should be changed/created within the boundaries stated above. Attach additional statements if needed.

Number of households affected (area must include whole blocks): _____

Number of households required to support change (66% of above number): _____

In order for the City to consider this request, this petition must contain the signatures of at least 66% of the households affected by the proposed change. Use the attached form to obtain the signatures. Attach additional sheets if necessary.

Please contact Public Works at (703) 385-7810 / TTY 711 / pw-transportation@fairfaxva.gov if you have questions about this form or if you would like assistance determining the number of households in the proposed restricted parking area.

Please return the completed form to the Transportation Division at City Hall:
10455 Armstrong Street, Room 200, Fairfax, VA 22030; or email the form to pw-transportation@fairfaxva.gov.



RESIDENTIAL PARKING PERMIT DISTRICT PETITION

My signature below indicates that I support the parking restrictions in the area described on the attached petition (only one signature per household required).

Please print clearly.

1	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
2	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
3	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
4	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
5	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
6	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
7	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
8	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
9	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
10	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>



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Please print clearly.

11	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
12	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
13	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
14	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
15	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
16	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
17	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
18	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
19	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
20	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>