

FOR OFFICE USE ONLY	
CASE NO.:	_____
DATE SUBMITTED:	_____
TIME:	_____
STAFF:	_____

ALTERNATIVE PARKING PLAN APPLICATION

(Check one)

- Shared Parking
 Off-Site Parking
 Bicycle Parking
 Other _____

MINIMUM SUBMITTAL REQUIREMENTS:

- Alternative Parking Plan Application Fee. **(Refer to the Planning and Development Fee Schedule for all applicable fees)**
- Application completed in full. This application form provided by the City of College Station must be used and may not be adjusted or altered. Please attach pages if additional information is provided.
- Alternate Parking Plan Agreement.

For Shared Parking consideration:

- Shared parking study form.
- Shared parking easement.

For Off-Site Parking consideration:

- Shared parking easement.

For Bicycle Parking consideration:

- Building plans identifying special provisions to accommodate bicyclists.

For Other consideration:

- Supporting documentation. Additional materials may be required of the applicant such as industry parking research. The applicant shall be informed of any extra materials required.

Date of Optional Preapplication Conference _____

NAME OF PROJECT INITIATING ALTERNATIVE PARKING PLAN _____

ADDRESS _____

LEGAL DESCRIPTION (Lot, Block, Subdivision) _____

APPLICANT/PROJECT MANAGER'S INFORMATION (Primary contact for the project):

Name _____ E-mail _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

PROPERTY OWNER'S INFORMATION (Please attach an additional sheet for multiple owners):

Name _____ E-mail _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Existing Zoning _____ Proposed Zoning _____

RATIONALE FOR ALTERNATIVE PARKING PLAN:

The applicant has prepared this application and certifies that the facts stated herein and exhibits attached hereto are true and correct. The undersigned hereby requests approval by the City of College Station of the above identified Alternative Parking Plan and attests that all respective owners have been identified on this application.

Signature and title

Date

FOR OFFICE USE ONLY

APPROVED

APPROVED WITH CONDITIONS

DENIED

Signature of Administrator

Date

Notes:

ALTERNATIVE PARKING PLAN AGREEMENT

Alternative Parking Agreements run with the properties involved in such agreements in perpetuity unless the agreement is revoked. An Alternative Parking Plan Agreement may be revoked by the parties to the agreement only if off-street parking is provided on-site pursuant to the City of College Station Unified Development Ordinance (UDO) Article 7. General Development Standards or if an Alternative Parking Plan is Approved by the Administrator.

Failure to comply with the Alternative Parking Plan Agreement of the UDO shall constitute a violation of the UDO and shall specifically be cause for revocation of a Certificate of Occupancy or Building Permit.

I (we), _____, owner(s) of _____ (address) in the City of College Station, hereby agree to the terms of this Alternative Parking Plan and its attachments.

Signature of Owner

Date

I (we), _____, owner(s) of _____ (address) in the City of College Station, hereby agree to the terms of this Alternative Parking Plan and its attachments.

Signature of Owner

Date

**ALTERNATIVE PARKING PLAN (SITE PLAN)
SHARED PARKING STUDY FORM**

Shared off-street parking spaces shall be located no farther than **250 feet** from the building site.
Please fill out the following for each USE that will be sharing parking:

1. Use _____
Location of Property:
Address _____
Lot _____ Block _____ Subdivision _____
Current zoning of property _____
Building square footage and/or number of seats _____
Standard parking requirement _____
Number of off street parking spaces provided on site _____
Hours of operation _____
Peak hour(s) of operation _____
Anticipated peak parking & traffic load _____
Estimated parking turnover rate _____
Property Owner's Information:
Name _____ E-mail _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Fax Number _____

2. Use _____
Location of Property:
Address _____
Lot _____ Block _____ Subdivision _____
Current zoning of property _____
Building square footage and/or number of seats _____
Standard parking requirement _____
Number of off street parking spaces provided on site _____
Hours of operation _____
Peak hour(s) of operation _____
Anticipated peak parking & traffic load _____
Estimated parking turnover rate _____
Property Owner's Information:
Name _____ E-mail _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Fax Number _____

3. Use _____
Location of Property:
Address _____
Lot _____ Block _____ Subdivision _____
Current zoning of property _____
Building square footage and/or number of seats _____
Standard parking requirement _____
Number of off street parking spaces provided on site _____
Hours of operation _____
Peak hour(s) of operation _____
Anticipated peak parking & traffic load _____
Estimated parking turnover rate _____
Property Owner's Information:
Name _____ E-mail _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Fax Number _____

4. Use _____
Location of Property:
Address _____
Lot _____ Block _____ Subdivision _____
Current zoning of property _____
Building square footage and/or number of seats _____
Standard parking requirement _____
Number of off street parking spaces provided on site _____
Hours of operation _____
Peak hour(s) of operation _____
Anticipated peak parking & traffic load _____
Estimated parking turnover rate _____
Property Owner's Information:
Name _____ E-mail _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Fax Number _____