

**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 _____