



**DEPARTMENT OF COMMUNITY DEVELOPMENT
ON-STREET PARKING RESTRICTION APPLICATION**

**City of Cedar Falls
220 Clay Street
Cedar Falls, Iowa 50613**

General Information: The City of Cedar Falls owns and maintains the public streets and right of ways throughout the city. For the most part, on-street parking is open to any citizen for a period of no more than 48 hours. After the 48 hour deadline, the vehicle must be moved to another location on the street. Typically, a street width of 31 feet will have parking on both sides and a street less than 31 feet wide will have parking on one side.

This application is to petition the City Council for an on-street parking restriction. In the application, please state the street name and location of the proposed parking restriction. Also, the type of restriction is needed; for example, restrict on-street parking on the west side of the street. This means that no parking is allowed on the west side of the street. Finally, in the justification statement, please indicate the need to restrict the on-street parking. Concerns about visibility, street width, high traffic volumes or similar parking restrictions on nearby streets are topics to consider. Signatures from the property owners adjacent to the proposed parking restriction must be placed on the application, whether they agree or not agree with the proposal.

Once an application is received by the City, staff will review the request and make a determination or modify the restriction.

The attached form is required to be submitted for an on-street parking restriction. The application must be submitted to the Planning and and Community Services Division and email to planning@cedarfalls.com.

A COMPLETE SUBMITTAL INCLUDES:

- Street Name
- Location of the requested parking restriction
- Type of restriction (i.e. one side only)
- Justification statement
- Signatures from all property owners adjacent to requested parking restriction

APPLICANT CONTACT INFORMATION

Name: _____

Address: _____

Email: _____



APPLICATION FOR ON STREET PARKING RESTRICTION

Name of Street: _____ Date: _____

Location of Parking Restriction Request (beginning and ending): _____

Type of parking restriction (ex. Parking on both side to parking on one side) _____

Justification:

Printed Owner Name	Owner Signature	Address	I support the proposed parking restriction
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N

Name of Street:			Date:
Printed Owner Name	Owner Signature	Address	I support the proposed parking restriction
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N

Attach additional signature sheets if needed.