



## **ON-STREET PARKING MODIFICATION REQUEST PROCESS**

### **Process:**

1. Complete and submit Page 1 of the On-Street Parking Modification Request Form with a description of the on-street parking issue and initial proposed changes to Mobility Services Division.
2. City staff will review the conditions in the affected area and will work with the applicant to refine proposed changes to address the identified issue.
3. If a staff-supported solution is determined, the Project Champion should use Page 2 of this application to gather signatures showing support or opposition from all adjacent or impacted properties including businesses, residences, and homeowners' or condo associations. Staff also recommend reaching out to civic or citizens associations for the affected area if applicable.
4. Once signatures are returned to staff, the request will be docketed for a Public Hearing before the Traffic and Parking Board. Notification of hearing on the proposed changes will be posted in the affected area. The Project Champion is expected to attend the Traffic and Parking Board Public Hearing and provide testimony.
5. If the Traffic and Parking Board approve the proposal, city staff will communicate to nearby communities of pending parking changes.
6. Once nearby communities have had adequate notice, the parking modifications will be implemented by City staff.

## ON-STREET PARKING MODIFICATION REQUEST FORM



Please fill out the first page of this application and return to [max.devilliers@alexandriava.gov](mailto:max.devilliers@alexandriava.gov) or mail to Max Devilliers, Mobility Services, 421 King Street, Suite 235, Alexandria, VA 22314. Staff will contact the Project Champion to further refine proposed solution to address the issue that the applicant is trying to address.

**Reason for the Request** (*What are you trying to solve/address?*):

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**Type of On-Street Parking Modification Requested:**

- |   |  |
|---|--|
| <input type="checkbox"/> Loading Zone Removal                 | <input type="checkbox"/> Loading Zone Addition   |
| <input type="checkbox"/> Parking Removal                      | <input type="checkbox"/> No Parking Sign Removal |
| <input type="checkbox"/> Parking Restriction Change (Non-RPP) |  |
- Proposed restrictions \_\_\_\_\_

**Location:** \_\_\_\_\_  
(*Map or figure may be provided as an attachment*)

**Approximate number of spaces affected (assume 20 feet per space):** \_\_\_\_\_

**Project Champion (Point of Contact) Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Best Way to Contact:**

Email

Phone

**Best Time of Day to Contact:**

Morning

Afternoon

