



PARKING CREATION GRANT PROGRAM APPLICATION

Address of Property

Name

Current Address

Phone

Type of Off-Street Parking Assistance for Which You are Applying (Check Only One):

_____ Construction of parking pad where none currently exists.

_____ Construction of driveway where none currently exists.

_____ Construction of garage where none currently exists.

_____ Construction of a garage that increases the parking capability by at least one space.

_____ Removal of an accessory structure that will create at least one new parking space.

_____ Paving a non-conforming gravel parking space or driveway.

_____ Installation of an automatic garage door opener on a garage where a qualified handicapped individual resides. The property shall be owned by the qualified handicapped individual.

_____ Installation of a garage door with an automatic opener on a garage where a qualified handicapped individual resides. The property shall be owned by the qualified handicapped individual.

_____ Other: _____

List the names, addresses and telephone numbers of all other owners of the property to be rehabbed and converted below.

I (we) the undersigned agree to fully comply with all terms and conditions of the Off-Street Parking Assistance Grant Program enumerated in the program guidelines attached hereto.

signed

date

signed

date

signed

date

signed

date