Parking Zone Application Form

Date: __________________________

Applicant Information

Business Name (Applicant):

Address:
______________________________________________________________________________
_____________________________________________________________________________________

Nature of Business:

Valid City of Medicine Hat Business License? (Please Attach)            Yes            No

Business Hours:

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Contact Person

Name: ___________________                 Position: ___________________

E-mail Address: ___________________       Phone #: ___________________ 

Parking Zone Information

Why is a parking zone (loading zone or short term parking) required?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Proposed Parking Zone Location: ____________________________________________

Is the zone primarily to be used for the loading/unloading of passengers or for merchandise and other goods?

Number of daily pickups/deliveries: _______________________________________

Duration of an average pickup/delivery: ________________________________

Types of vehicles to use the zone (indicate length of vehicle if appropriate): ________________________________

During what hours would this zone be used each day?

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What would be the typical peak times for usage of the zone?

Does your business currently use a loading dock, bay, driveway, garage, or parking lot for loading and unloading? Yes No

Are there any other loading zones on your block? Yes No

Additional information, notes, concerns:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Please read and accept the Terms of Application governing the use of loading and timed parking zones on the following page.
Terms of Application

- All parking zones (short duration zones and loading zones) may be used by the general public.
  - The applicant of the parking zone is not the owner of the zone, and does not control who has the ability to park and use the zone.
  - Parking zones are not for the sole purpose of the applicant, the parking zone can be used by other businesses in the area.
- If the need for the parking zone changes, or a change of address of the applicant occurs, the applicant must notify the Municipal Works Department.
- The Municipal Works Department may periodically re-assess the need for the parking zone.
- All vehicles shall be parked parallel to the edge of the roadway, headed in the direction of traffic.
- Vehicles shall be permitted to remain in a Loading Zone as per The City of Medicine Hat Bylaw #2434:
  - For a period not exceeding thirty (30) minutes for the purpose of and while actively engaged in loading or unloading of merchandise or other materials.
  - For a period not exceeding five (5) minutes for the purpose of and while actively engaged in loading or unloading passengers.
- Vehicles shall be permitted to remain in a short duration parking zone for the duration of time as marked on the signage at the zone i.e. 5, 10 or 15 minute parking.
- Misuse of a parking zone:
  - If the applicant is found to misuse the parking zone, the Municipal Works Department has the right to remove the zone.
  - Misuse of the parking zone includes, but is not limited to: putting traffic cones in the parking zones, using the parking zone as a personal parking stall, informing citizens that they are not allowed to park in the zone etc.

Acceptance of Terms

I __________________________________________ agree to comply with the Terms of Application, and fully understand that failure to comply with these terms may result in the removal of the parking zone.

Signature: ___________________________________ Date: __________________________

Completed applications can be delivered to the Municipal Works Department located at 188 Kipling Street SE or emailed to mw@medicinehat.ca

For any questions or assistance in filling out the application form, please contact the Municipal Works Department at 403.529.8177 or at mw@medicinehat.ca.