

RESIDENTIAL PERMIT PARKING DISTRICT CRITERIA FOR ESTABLISHMENT

- The district shall be 100% residential.
- The parking problem must be the result of spillover from adjoining commercial interests.
- Alternative mitigating measures must have been attempted prior to the request.
- Size of the requested district must be adequate to ensure mitigation, not relocation, of the problem.
- A minimum of two-thirds of the residents within the proposed district must petition for its establishment. (Resident means 1 vote per address, not owners.)
- At least 75% of available curbside parking must be occupied during the period requested for permit parking. At least 50% of those parked must be non-residential use.
- Parking restrictions will only be imposed during periods when the problem exists. (i.e., 8 AM – 6 PM, 6 PM – 12 AM, Mon – Fri, etc.)
- Maximum number of permits per address will be determined by a review of the number of available parking spaces and the number of residences in the district.**

**COUNTY OF SANTA CLARA
ROADS & AIRPORTS DEPARTMENT
POLICIES & PROCEDURES MANUAL**

SUBJECT: RESIDENTIAL PARKING PERMIT PROCEDURE

EFFECTIVE DATE:

APPLICANT:

- 1. Submits completed application form and proof of residency within the district. (Copy of driver's license or Registration form of vehicle or any other acceptable form of proof as determined by law.)
- 2. If application is made in person advise applicant that the permit(s) will be mailed to the address on the application.

COUNTY:

- 1. Compares the name and address on the application form with the copy of the proof of residency.
- 2. Checks address with the area listing to ensure that the applicant resides in the designated area.
- 3. Check completed application file to ensure that issuance of this permit will not exceed the allotment for this address.
- 4. Record information on the Parking Permit Log.
- 5. Record applicant's name on the area listing.

- 6. Issue the next sequentially numbered permit.
- 7. Write the Permit number on the application card and file the card in last name alphabetical order, and then in license number order.
- 8. Lock up the unused Permits and the alphabetical card file.
- 9. If the applicant does not qualify for a parking permit and protests the declination or protests any other portion of the Parking Permit Ordinance, that person may be referred to Santa Clara County Traffic Engineering and Operations Section, extension (408) 494-2700.

COUNTY OF SANTA CLARA
INSTRUCTIONS FOR RESIDENTIAL
PARKING PERMIT

APPLICATION

1. Pick up an application form at the Permit Counter @ 101 Skyport Dr., San Jose or call (408) 573-2475 and request an application be sent to your home. (One application form is needed for each permit requested.) (All applicants must reside in the designated area.)

2. Return the completed Application form(s) by mail or in person to:

The County of Santa Clara
Permit Counter
101 Skyport Drive
San Jose, CA 95110

Monday through Friday from 8:00 AM to 12:00 PM and 1:00 PM to 4:00 PM

- A. A photocopy of proof of residency must accompany each application request (CA driver's license, CA Identification Card, or any document approved by law that establishes residency.)

- B. Completed permits will be mailed to the address on the application.

FEES

No permit fee is required.

COUNTY OF SANTA CLARA
INSTRUCTIONS FOR RESIDENTIAL
PARKING PERMIT

(continued)

PERMIT

1. Permits, when issued, shall be placed on the dashboard of the vehicle clearly visible from the street.
2. This permit does not allow you to park in an illegal parking area, such as a red zone, or to park illegally at a parking meter or park in a designated handicap space. It does allow you to park in any legal parking place within the designated area.

RENEWAL

All permits expire at midnight, December 31 of odd numbered years and must be renewed (i.e., December 31, 2016).

All communications should be addressed to:

County of Santa Clara

Permit Counter

101 Skyport Drive

San Jose, CA 95110

(408) 573-2375



COUNTY OF SANTA CLARA

Residential Permit Parking Application

NAME _____
 LAST FIRST MIDDLE INITIAL

ADDRESS _____

CITY _____ ZIP _____

PHONE _____
 HOME BUSINESS

THE UNDERSIGNED HEREBY CERTIFIES UNDER PENALTY OF PERJURY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND THEY RESIDE AT THE ADDRESS ABOVE.

SIGNATURE DATE

OFFICE USE ONLY

PERMIT NUMBER _____

PARKING ZONE NUMBER _____ DATE APPROVED BY BOARD _____

