



# CITY OF MOUNTAIN VIEW POLICE DEPARTMENT

## SAFE PARKING PROGRAM PERMIT APPLICATION

Issuance of a Safe Parking Program Permit is subject to MVCC Chapter 36, Division 22 and Chapter 19, Division 7. Any violation of these requirements may result in the immediate suspension or revocation of this permit pursuant to MVCC Sections 19.110 and 36.56.70.

### APPLICANT INFORMATION

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Number and Name City State Zip Code*

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Safe Parking Site: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
*Proposed Location*

Hours of Operation: \_\_\_\_\_ Estimated Number of Safe Parking Spaces: \_\_\_\_\_

**For questions regarding Conditional Use Permits (CUP), contact the City Community Development Department.**

How are Applicant Premises Zoned? State Type: \_\_\_\_\_ Does Zoning Permit Intended Use?  Yes  No  
(i.e., "C" Commercial, "R" Residential, etc.)

Is a C.U.P. Needed? \_\_\_\_\_ Approval Date: \_\_\_\_\_

Name of Community Development Department Planner Contacted: \_\_\_\_\_

### SAFE PARKING OPERATOR INFORMATION

Operator's Name/Title: \_\_\_\_\_

Operator's Address: \_\_\_\_\_  
*Street Number and Name City State Zip Code*

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Operator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CASE MANAGEMENT PROVIDER INFORMATION

Provider's Name/Title: \_\_\_\_\_

Provider's Address: \_\_\_\_\_  
*Street Number and Name City State Zip Code*

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DISCLAIMER AND SIGNATURE

**I acknowledge and consent to comply with the safe parking provisions as per MVCC Chapters 36 and 19:**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR STAFF USE ONLY**

**POLICE DEPARTMENT USE**

Application for Permit:     Approved     Denied

Cause for Denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspection Date: \_\_\_\_\_

Inspection Comments: \_\_\_\_\_

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**FIRE DEPARTMENT REVIEW**     Approved     Denied

Inspection Date: \_\_\_\_\_

Inspection Comments: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**CHIEF BUILDING OFFICIAL'S REVIEW**     Approved     Denied

Inspection Date: \_\_\_\_\_

Inspection Comments: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**CITY MANAGER'S OFFICE REVIEW OF PROVIDER**     Approved     Denied

Review Date: \_\_\_\_\_

Review Comments: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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RECORDS USE
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