PARKING CALCULATION FORM

Date: _____ **Contact Name:** _____

Name of Center: _____ **Contact Phone:** _____

Location / Address: _____ **Contact Facsimile:** _____

Suite / Street No.	Tenant Name	Use	Building Area (sq. ft.)	Days of Operation	Hours of Operation	Parking Ratio by Use	Parking Spaces Required

(*Shaded columns to be completed by the Planning Department)

Parking Spaces Provided: _____

Total Parking Excess / Deficient: _____

Remaining Parking Spaces Available _____

6-24-10 bjc