TOWN OF GEORGETOWN
PARKING REDUCTION REQUEST

Case # _____

Project Name: _____

Tax Parcel ID: _____

Applicant: _____

     Total Number of Parking Spaces Required: _____

     Total Number of Parking Spaces Proposed: _____

     Percentage of Reduction Being Requested: _____

Reason(s) For Reduction Request:

_____

_____

_____

_____

_____

Attach to this application any supporting documentation (including site plan) to be considered by the Town Manager in the deliberation of this request.

I certify that all of the information presented by me in this application is accurate to the best of my knowledge, information and belief.

_____   _____

Applicant Signature   Date

The Town of Georgetown, after reviewing this application and supporting documentation has approved/deferred/denied a parking space reduction request.

The parking reduction, if approved, was for a total reduction of _____ spaces or _____ percent.

_____   _____

Planning Administrator   Date

_____   _____

Town Manager   Date