**CITY OF AUSTIN**

**“SHOP THE BLOCK” PERMIT**

**NOTIFICATION AND SIGNOFF REQUEST**

The **City of Austin** requires in some instances, that property owners/residents whose property is adjacent to the area sought to be closed must be notified. The notification must indicate by signature, whether the property owner/resident approves or disapproves of the proposed parking closure. For additional information on Permit requirements please call

(512) 974-6501.

For additional information concerning the use of the parking space(s) at this location please contact:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Contact Name) (Phone Number)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is applying for a SHOP THE BLOCK PERMIT for the following activity:

(Contact Name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Description of Activity)

The activity is scheduled for the following dates and times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The activity will close off the following (Select all applicable):

parking spaces on the following street(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sidewalk on the following block(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Entire block of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Property Owner/Resident** Please fill out this section completely as this information is used by the City of Austin to determine whether or not the parking activities indicated above will be approved or denied.

 **APPROVE DISAPPROVE**

 \_\_\_ \_\_\_\_\_\_\_\_\_\_

(Print Name and Title if applicable) (Signature)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address OR Street and Block Number) (Phone Number)

 **Residence Business** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Check One) (Name of Business if applicable)

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