



City of San Bruno Parklet Program Permit Application

Business Name: _____ Business License Number: _____

Business Address: _____

Applicant Contact Name: _____

Mailing Address (if different than above): _____

Phone: _____ Email: _____

Name(s) of Property Owner: _____

Property Owner Address: _____

Phone: _____ Email: _____

Designer Firm:

Phone: _____ Email: _____

Anticipated Construction Schedule: _____

Parking Information

No. of parking spaces to be occupied: _____ Perpendicular/Angled _____ Parallel _____

Do these parking spaces expand beyond your business' frontage? Yes / No

No. of parking meters to be removed: _____

Colored curbs in proposed location? Yes / No Color of Curb: _____

By signing below, I acknowledge the provided information is true and correct. Further, I acknowledge that I will be responsible for provision of liability insurance per the City's requirements and financing design, construction, maintenance, removal and restoration of this parklet.

Applicant Signature: _____ Date: _____

Property Owner Signature*: _____ Date: _____

* Property owner signature required if applicant does not own property where business is located