

PARKING MATRIX FORM

PROJECT NO: _____

SITE ADDRESS: _____

PERMIT NO: _____

APN: _____

	NAME OF BUSINESS	ADDRESS, UNIT OR SUITE NO.	USE (Retail, office, restaurant, residential, etc.)	GROSS SQ. FT. OF UNIT	OCCUPANT LOAD ¹ (If applicable)	PARKING RATIO	SPACES REQUIRED ²	SPACES PROVIDED
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

<p>1 Attach completed Building & Safety Occupancy Load Determination Form A.</p> <p>2 Please refer to Chapter 22.112 of the Zoning Code.</p> <p>3 If the total number of required spaces is a fraction, round to the nearest whole number.</p>	<p>TOTAL SPACES REQUIRED³</p> <hr/> <p>TOTAL SPACES PROVIDED</p> <hr/> <p><i>Difference*</i></p>
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By my signature below, I certify that this analysis data is true to the best of my knowledge.

*A negative difference may require an authorized Parking Permit or Minor Parking Deviation.

PROPERTY OWNER OR APPLICANT SIGNATURE

DATE OF SIGNATURE

PRINT NAME

Attach additional sheets, if necessary.