

PARKING MATRIX FORM

PROJECT NO:

SITE ADDRESS:

PERMIT NO:

APN:

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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
						TOTAL SPACES REQUIRED³	
						TOTAL SPACES PROVIDED	
						<i>Difference*</i>	

- 1 Attach completed Building & Safety Occupancy Load Determination Form A.
- 2 Please refer to Chapter 22.112 of the Zoning Code.
- 3 If the total number of required spaces is a fraction, round to the nearest whole number.

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