



Department of Finance

## APPLICATION FOR RESIDENTIAL PARKING PERMIT ("RPP")

### General Requirements (*Municipal Code Section 9-64-090*)

- Completed application (1-5 below)
- Signed petition from residents of proposed RPP zone
- The proposed RPP zone is a minimum of one block (if more than one block, all blocks in the proposed zone are contiguous)
- At least 80 percent of the occupied frontage, at ground level, of each block in the proposed RPP zone is in use for residence purposes
- A parking study determines that at least 45 percent of the vehicles parked in the proposed RPP zone during the time periods requested for the permit are not owned by residents of the proposed zone
- A parking study determines that at least 85 percent of available on-street parking in the proposed RPP zone is occupied during the time periods requested for the permit

### 1. Applicant Information

a. First Name Last Name \_\_\_\_\_

b. Applicant address \_\_\_\_\_

c. Phone number \_\_\_\_\_

d. Email address \_\_\_\_\_

### 2. Proposed location of residential parking permit zone

Address # (range) \_\_\_\_\_ Dir \_\_\_\_\_ Street Name \_\_\_\_\_

(Example: 100-200 W Main Street)

If adding adjacent street to proposed zone:

Address # (range) \_\_\_\_\_ Dir \_\_\_\_\_ Street Name \_\_\_\_\_

Please forward completed application and signed petition to [rpp@cityofchicago.org](mailto:rpp@cityofchicago.org)

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**3.** Describe your reason for requesting a RPP zone and indicate the requested parking restrictions (in hours, days and months).

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**4.** Please attach a petition requesting the proposed residential parking permit zone, which is signed and dated by at least 65 percent of the residents in the proposed zone, who have a current City sticker. Signatures on the petition must be dated within a year of the submission date.

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|-------------------------|-------|
| <b>5.</b> Alderman Name | Ward  |
| _____                   | _____ |

**For DOF use only**

|                    |  |                  |  |
|--------------------|--|------------------|--|
| Date Received:     |  | Received By:     |  |
|                    |  |                  |  |
| Date Sent to Ward: |  | Approved/Denied: |  |
|                    |  |                  |  |

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