

NASHVILLE DEPARTMENT of TRANSPORTATION
& MULTIMODAL INFRASTRUCTURE

750 South 5th Street
Nashville, TN 37206

APPLICATION FOR LOADING ZONE

(Please type or print)

DATE: _____

1. REQUEST MADE BY _____

EMAIL: _____

2. ADDRESS _____ ZIP _____ PHONE #: _____

3. TYPE OF BUSINESS _____ WHOLESALE _____ RETAIL _____

4. ZONE TO BE LOCATED ON _____ SIDE OF _____
(N, E, S, W)

_____ FEET _____ OF _____
(N, E, S, W)

IN FRONT OF (ADDRESS) _____

5. HOW MANY PICK-UPS AND DELIVERIES ARE MADE AT THIS ADDRESS PER DAY

_____ MERCHANDISE _____ PASSENGERS _____ TOTAL

6. WHAT IS THE MINIMUM LENGTH OF CURB SPACE NEEDED _____ FEET

7. WHAT IS THE LENGTH OF THE LARGEST VEHICLE USING THIS ZONE? _____

8. DURING WHAT HOURS ON EACH OF THE DAYS OF THE WEEK IS THIS ZONE NEEDED?

MON. _____ TO _____

THU. _____ TO _____

TUE. _____ TO _____

FRI. _____ TO _____

WED. _____ TO _____

SAT. _____ TO _____

9. WILL THE LOADING BE DONE WITH THE VEHICLES STANDING PARALLEL TO THE CURB OR WILL THE VEHICLES STAND AT AN ANGLE OR BACK INTO THE CURB?

10. IS THE ENTIRE ZONE TO BE IN FRONT OF YOUR PREMISES? _____

11. STATE WHY YOU FEEL THIS ZONE IS NEEDED:

INSTRUCTIONS

1. USE LINES AS GUIDES TO DRAW HEAVY LINES WHICH WILL SHOW YOUR STREET AND SIDE STREET TO NEXT CORNER.

2. BLOCK OUT YOUR BUILDING HEAVY LINES WHICH WILL SHOW YOUR STREET AND SIDE STREET TO NEXT CORNER.

3. INDICATE ON BLOCKED OUT BUILDING ALL DOORWAYS AND LOADING FACILITIES.

4. GIVE FOOTAGE FROM EACH SIDE TO NEXT CORNER OR ALLEY.

5. INDICATE NORTH BY ARROW.

I UNDERSTAND THAT THE PARKING OF MY VEHICLES, OR THE VEHICLES OF ANY OTHER PERSON IS PROHIBITED IN A LOADING ZONE AND THAT SUCH ZONE IS FOR THE SPECIFIC PURPOSE OF LOADING AND/OR UNLOADING OF VEHICLES NECESSARY FOR CONDUCTING BUSINESS. IF THIS ZONE IS APPROVED, I HEREBY WARRANT THAT I HAVE AUTHORITY TO ACCEPT THIS RESPONSIBILITY

ON BEHALF OF MY PRINCIPAL, AND I AGREE TO STRICTLY ABIDE BY THE REGULATIONS SET FORTH IN THE LOADING ZONE POLICY, AND THAT ANY INFRACTION OF THESE REGULATIONS WILL CAUSE ITS REMOVAL.

SIGNATURE OF APPLICANT

OFFICIAL TITLE

NAME OF APPLICANT (PRINT)

DO NOT WRITE BELOW THIS LINE

INVESTIGATED BY _____ DATE _____

ALLEY ACCESS _____ PRESENT PARKING RESTR. _____

CONDITION OF ALLEY _____ POSSIBLE ADJACENT USERS _____

PARKING CONDITIONS _____ % TIME OF DAY _____

TYPE OF DEVELOPMENT _____ PRESENT FACILITIES _____

ENGINEER'S COMMENTS _____

APPROVED: _____ DISAPPROVED: _____ OTHER RECOMMENDATIONS: _____
