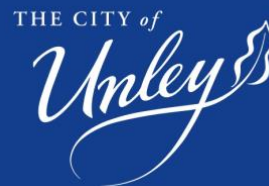


Apply for a change to parking restrictions in your street



On-street parking in the City of Unley is a limited public resource, often with competing needs from residents, businesses, shoppers, tradespeople, commuters and visitors. To address parking challenges, City of Unley residents and businesses can request new parking restrictions, or request to modify existing parking restrictions on their street.

Guided by the [Unley Parking Management Plan 2022-2023](#), there is a **three step** application process to balance current and future parking needs in a fair and transparent manner that considers community-wide needs.

Before you submit your application, please familiarise yourself with this process online at: unley.sa.gov.au/apply-to-change-parking-restrictions

Before you get started

To request a change to parking restrictions on your street you will need to complete this form and include the following:

- a description of the parking issue,
- the proposed parking changes you would like Council to investigate, and
- the names and addresses of owners/occupiers from FOUR different properties on the street or street section who support your parking proposal.

Please note, you may only apply for parking changes to a street that you or your business occupies.

Council will consider a minimum street length of 300 metres for all requests. Exceptions will only be considered for user based parking restriction requests (for example a loading zone, motorcycle parking, accessibility parking etc).

Applicant details (*required)

You must provide your full name, address, contact number and email address for your application to be assessed. PO Box addresses are not accepted.

Full Name*	<input type="text"/>		
Business Name	<input type="text"/>		
Address*	<input type="text"/>		
Phone*	<input type="text"/>	Email*	<input type="text"/>

Property details (*required)

Question 1: Are you the property owner at this address?* YES (go to Question 4) NO (go to Question 2)

Question 2: Are you renting/leasing the property?* YES (go to Question 4) NO (go to Question 3)

Question 3: Other (please specify)

Question 4: What is your preferred time and day you would like to be contacted?

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Parking proposal (*required)

Question 5: Where is the street location where you are experiencing parking difficulties?*

Question 6: Please provide the closest intersections.* (i.e. Young Street, between Porter Street and George Street)

Question 7: What is the current parking restriction on the street or street section, if any? (i.e. two hour (2P) parking sign)

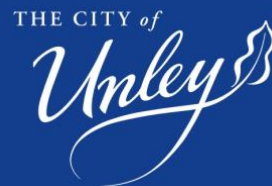
Question 8: Please provide details of the parking difficulty you are experiencing, including when this occurs.*
(additional pages can be attached to this form)

Question 9: Please attach to this application any photos you have to show the location, parking spaces and/or parking constraints (if available).

Question 10: What parking restriction would you like to propose to resolve the issue you're experiencing?*

Question 11: What are the reasons for the changes you are proposing?*

Apply for a change to parking restrictions in your street



Support for this application *(*required)*

Please provide the names and details of owners/occupiers from **FOUR** different properties on the street or street section who support this application.

Support person 1: provide details of the person who supports your application*

Full Name*	<input type="text"/>		
Business Name	<input type="text"/>		
Address*	<input type="text"/>		
Phone*	<input type="text"/>	Email*	<input type="text"/>

Support person 2: provide details of the person who supports your application*

Full Name*	<input type="text"/>		
Business Name	<input type="text"/>		
Address*	<input type="text"/>		
Phone*	<input type="text"/>	Email*	<input type="text"/>

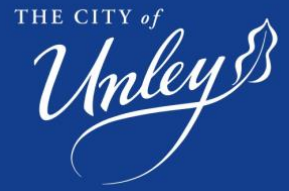
Support person 3: provide details of the person who supports your application*

Full Name*	<input type="text"/>		
Business Name	<input type="text"/>		
Address*	<input type="text"/>		
Phone*	<input type="text"/>	Email*	<input type="text"/>

Support person 4: provide details of the person who supports your application*

Full Name*	<input type="text"/>		
Business Name	<input type="text"/>		
Address*	<input type="text"/>		
Phone*	<input type="text"/>	Email*	<input type="text"/>

Apply for a change to parking restrictions in your street



Applicant declaration *(*required)*

By submitting this application, I declare that:

- All information provided is true and correct.
- If submitting on behalf of a business, I am authorised to sign on behalf of the organisation.

Applicant signature

Date signed

Additional space *(if required)*