



## **Parklet Permit Amendment Form**

STAFF USE ONLY
Date Received:
Date Complete:
Date Approved:
Permit Number:
Staff:

This form is for those	1. Contact Information		
amending a previously	Applicant Name:		
approved Parklet Permit. If any changes need to be made to the original permit application during the approved permit calendar year, an Amendment	Phone: Email:		
	Mailing Address:		
	City:		
must be filled out, submitted,	oity.	State	ZIF
and approved prior to the changes being made.	2. Business Information		
If an amendment form was not submitted prior to modifications, and/or the modifications are not in compliance with Parklet regulations, the Permit may be revoked.	Legal Business Name:		
	Common Name (Doing Business As):		
	Business Phone:		
	Business Address:		
	City:	State:	ZIP:
	Estimated Installation Date (if applicable):		
	Total Square Feet of Project in Right-of-Way:  4. Proposed Changes to Previously Approved Permit		
Previous Permit Number:			
Date of Site Visit:			
Amended site plan received			
Design standards met			
Street conditions have not changed	5. Certification and Hold Harmless	s Agreement	
If applicable, cut sheets of proposed furniture	I, on behalf of the applicant, certify that the infor submitted in the course of my application for a P		
Previous Application	The applicant agrees to indemnify and hold the C		
Date Received:	adjacent property owners free and harmless fror fees and costs of defending any actions or suits	,	,
Date Complete:	from the granting of this permit, and the activitie	s conducted pursuant to the	Parklet Permit.