



APPLICATION FOR HOTEL LOADING ZONE
PHILADELPHIA PARKING AUTHORITY
701 Market Street, Suite 5400, Philadelphia, Pennsylvania 19106
215-683-9738 • Fax: 215-683-9809

Please print clearly in ink or type all information. Once completed, return to the address above. If any questions shall arise during the completion of the application, please contact the phone number listed above.

Name of Hotel: _____

Location of Hotel: _____ Zip Code: _____

Location of Proposed Hotel Loading Zone:

Side of Street: (circle one) North South East West

Hundred block: _____ Street: _____

Name of Closest Cross Street: _____

Present Parking Regulations at Above Location: _____

Please provide a brief description of why you feel a Hotel Loading Zone is needed at the above location:

CONTACT INFORMATION

Mailing/Billing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person:

Name: _____

Title: _____ Phone Number: _____

E-Mail Address: _____

Any additional contact information: _____

