



PICKUP/DROPOFF LOADING ZONE REQUEST PROCESS

Process:

1. Complete and submit Page 1 of the Pickup/Dropoff Loading Zone Request Form with a description of the Project Champion's business model and its pickup/dropoff/loading needs to the Mobility Services Division
2. City staff will review the conditions in the affected area and will work with the Project Champion to refine proposed changes to address the identified issue
3. If a staff-supported solution is determined, the Project Champion must use Page 2 of this application to gather signatures showing support from all property owners and tenants fronted by the requested zone
 - a. Large residential buildings may be represented by the condo association's president or the property manager
 - b. Staff also recommend reaching out to business or citizens associations for the affected area if applicable
4. Once the completed form and signatures are returned to staff, staff will review the request to confirm that it meets the eligibility criteria and how
 - a. If the request does not meet the eligibility criteria for any reason, the Project Champion can request that the issue be docketed for a Public Hearing before the Traffic and Parking Board
 - i. Notification of hearing on the proposed zone will be posted in the affected area
 - ii. The Project Champion is expected to attend the Traffic and Parking Board Public Hearing and provide testimony
5. If the request is approved by staff or the Traffic and Parking Board, staff will post a public notice at the approved location for two weeks prior to sign installation
6. Once nearby communities have had adequate notice, the pickup/dropoff loading zone will be implemented by City staff

PICKUP/DROPOFF LOADING ZONE REQUEST FORM



Please fill out the first page of this application and return to max.devilliers@alexandriava.gov or mail to Max Devilliers, Mobility Services, 421 King Street, Suite 235, Alexandria, VA 22314. Staff will contact the Project Champion to further refine proposed solution to address the issue that the applicant is trying to address.

Reason for the Request (*What are you trying to solve/address?*):

Are there any of the following on the block that this zone is requested for:

- | | |
|---|--|
| <input type="checkbox"/> Primarily carryout/pickup business | <input type="checkbox"/> School or daycare |
| <input type="checkbox"/> Healthcare or senior-focused facility | <input type="checkbox"/> Pickup/dropoff and/or loading zone(s) |
| <input type="checkbox"/> Major destination (e.g., movie theatre): _____ | |

Location: _____
(*Map or figure may be provided as an attachment*)

Approximate number of spaces requested (assume 20 feet per space): _____

Project Champion (Point of Contact) Information:

Name: _____

Address: _____

Email: _____

Phone Number: _____

Best Way to Contact:

Email

Phone

Best Time of Day to Contact:

Morning

Afternoon

