

City of Deadwood
102 Sherman Street
Deadwood, SD 57732

Phone: (605) 578-2623
Fax: (605) 578-1095



APPLICATION FOR RESERVED RESIDENTIAL PARKING

Date: _____

Applicant Name: _____

Applicant Address: _____

Phone Number: _____

This property has _____ feet of frontage (25' frontage is minimum required). This property has space for off street parking. YES NO

Please attach a picture.

Please provide a brief summary of your need for reserved parking:

All applicants agree to pay a one-time fee of \$50.00 to cover the cost of the sign and installation. The sign will be ordered and installed by City of Deadwood personnel.

Signed: _____ Date: _____

THE FOLLOWING IS TO BE COMPLETED BY THE CITY OF DEADWOOD

This application was reviewed by the Parking and Transportation Committee on this _____ day of _____, 20____.

Recommendation: ACCEPT DENY

_____ Applicant was granted a reserved residential parking space on this _____ day of _____, 20____, as recorded by the City Commission Minutes

_____ Applicant was denied a reserved residential parking space on this _____ day of _____, 20____, as recorded by the City Commission Minutes