

Sundial West IV

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www.gothoa.com

STREET PARKING VARIANCE REQUEST FORM

Homeowner Name: _____ Date: _____

Tenant Name (If Applicable): _____

Address: _____ Lot #: _____

Phone Number: _____ E-mail Address: _____

PLEASE LIST ALL VEHICLES THAT BELONG TO YOUR HOME

Color Number	Make	Model	Plate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXPLANATION OF WHY PARKING PERMIT IS REQUESTED:

HOW MANY VARIANCES/PERMITS ARE YOU REQUESTING? _____

In order to be considered for a resident Parking Variance Permit, you must be utilizing all garage spaces and original driveway pads. Please supply pictures that support your request. For example, pictures of the garage open with vehicles parked in the driveway, proving you are utilizing all of your available spaces. It is the responsibility of the requester to renew the permit prior to expiration.

Requests are reviewed on a case by case basis. The Board reserves the right to deny a request if the request is based only on convenience, or if there are more vehicles than drivers.

Owner's Signature: _____

OFFICIAL USE ONLY:

_____ APPROVED _____ DENIED

OWNER NOTIFIED _____

PERMIT EXPIRATION DATE: _____

PERMIT #'S _____