



# Austin Transportation Department

Right of Way Management Division

P.O. Box 1088, Austin, Texas 78767

## REQUIREMENTS FOR PARKING PERMITS

If you are parking vehicles for non-construction purposes, such as loading/unloading or special events, and need to occupy parking space(s) for an extended amount of time, this is the permit you will need.

### STEPS TO OBTAIN A PARKING PERMIT

1. Parking that is NOT directly in front of the requesting business/residence will require business/resident signoffs from neighboring locations.
2. Submit a Parking application through the ABC Portal at <https://abc.austintexas.gov>.
3. Provide any applicable documentation and pay Parking fees; Parking Permits can then be activated by Right of Way Management.

**NOTE:** RESERVATION OF PAY STATIONS/METERS MUST BE REQUESTED AT LEAST **72 HOURS** IN ADVANCE OF THE REQUIRED DATE AND BE PAID WITHIN **48 HOURS** OF THE REQUIRED DATE. **IF THIS TIME FRAME IS NOT MET, THE APPLICANT WILL BE REQUIRED TO BARRICADE/CONE OFF THE PERMITTED AREA.** PERMITS WILL **NOT** BE ISSUED FOR ADVERTISEMENT PURPOSES, DISPLAYS, EXHIBITIONS, OR PRIVATE PARKING.

### STEP 1 – SIGNOFFS

**Notification of affected property owners/managers or residents is required for most parking activities.** Provide the affected parties with the Notification and Signoff Request form included in this packet. IF an affected party cannot be reached, submit a statement that no personal contact could be made and note the dates the attempts were made. Make two good faith attempts to establish contact. Notification should be made **before the application is submitted.**

**\*\*SEE PAGE 2 OF THIS PACKET FOR THE SIGNOFF REQUEST FORM\*\***

### STEP 2 – PARKING APPLICATION, USING ABC

Refer to

<https://www.austintexas.gov/sites/default/files/files/Transportation/Right of Way/How to Apply for Permits on the ABC Website.pdf> for a guide on how to submit an online application.

### STEP 3 – DOCUMENTATION AND FEES

#### PARKING DOCUMENTATION

##### Restricted Zones:

Parking Permits for **Restricted Zones** are issued on a case-by-case basis depending on the type of zone and the intended use of the parking spaces. Permits will **NOT** be issued for “No Parking” or Handicap Zones. **Provide the exact verbiage of the zone signage. **\*\*ALL RESTRICTED ZONES MUST BE RESERVED BY THE APPLICANT.\*\*****

##### Temporary Storage Devices:

Parking Permits for **Temporary Storage Devices** are issued on a case-by-case basis depending on the type of device and the location. **Type III Barricades must be placed on both sides of the Temporary Storage Device.**

##### Non-Profit Requests:

Non-profits requesting waivers of fees must provide a copy of their exemption letter from the Internal Revenue Service (IRS) and a letter justifying the use of the parking spaces for the fundraiser. The justification letter must include the name and nature of the fundraising event.

##### FFES

<https://www.austintexas.gov/sites/default/files/files/Transportation/Right of Way/Fiscal Year 2018 Approved Fees.pdf>

##### CITY CODE

For information about City Ordinances, Standard Details, Transportation Criteria Manual, Utilities Criteria Manual, etc. go to <https://www.municode.com/library/tx/austin>. For in depth parking permit requirements, reference “Article 2. - Temporary Use of a Parking Space” (chapters 14-6-11 through 14-6-13).”

# NOTIFICATION OF PROPOSED PARKING SPACE PERMIT AND SIGNOFF REQUEST



The City of Austin requires in some instances, that property owners/residents whose property is adjacent to the parking area sought to be closed must be notified. The notification must indicate by signature, whether the property owner/resident approves or disapproves of the proposed parking closure. For additional information on City of Austin Parking Space Permit requirements please call 9747828.

For additional information concerning the use of the parking space(s) at this location please contact:

\_\_\_\_\_ (Contact Name)

\_\_\_\_\_ (Phone Number)

\_\_\_\_\_ is applying for a PARKING SPACE PERMIT for the following activity:  
(Contact Name)

\_\_\_\_\_  
(Description of Activity)

The activity is scheduled for the following dates and times: \_\_\_\_\_

The activity will close off parking spaces on the following street(s): \_\_\_\_\_

**Property Owner/Resident** Please fill out the this section completely as this information is used by the City of Austin to determine whether or not the parking activities indicated above will be approved or denied.

APPROVE     DISAPPROVE

\_\_\_\_\_ (Print Name and Title if applicable)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Address OR Street and Block Number)

\_\_\_\_\_ (Phone Number)

Residence     Business  
(Check One)

\_\_\_\_\_ (Name of Business if applicable)

Comments: \_\_\_\_\_