# City of Chesterfield Parking Worksheet

Subdivision Name:

Property Owner and Agent/Rep's Name:

Lot Number(s) if applicable:

Phone Number: | Fax: | E-mail Address:

| Business/Tenant Name | Use | Square Footage | Miscellaneous Data | *Parking Allocation (City Use Only)* |
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I hereby certify that the above information is accurate as of: _____/_____/_____ (Date)

_____

(Signature of Owner or Owner Authorized Agent)

| | |
|---|---|
| *Total Parking Spaces* | |
| *Total Spaces on Site Plan (For City Use)* | |

**Worksheet Instructions-** Addtional inquiries and questions can be directed to the "Planner of the Day" at 636-537-4733

1) Business/Tenant Name
2) Use- Indicate the business use. Please be specific, for example if the business is office and warehouse please note both uses.
3) Square Footage- Note the entire square footage of the tenant space.
4) Miscellaneous Data- For certain uses the parking can not be determined solely from the square footage of the business and requires the collection of additional data. Some common uses that require additional parking data are:
   - Restaurant- List the number of seats and number of employees on a maximum shift
   - Massage, Tanning, Beauty Salon, etc.- Indicate the number of seats, beds, and/or workstations
   - Medical, Dental, and Veterinary Office- List the number of doctors separately from the total number of employees
   - Warehouse- List the number of warehouse employees and number of vehicles stored on site or customarily used in operations
5) Parking Allocation- For City use only.