



Traffic Management Division
1685 Main Street – Room 115, PO Box 2200
Santa Monica, California 90407-2200
traffic.engineering@smgov.net
310/458-8291 • fax: 310/576-9170

AUTO DELIVERY ROUTE FORM

1. BUSINESS INFORMATION

Please complete using block letters (or attach a business card) and sign:

Business Name: _____

Business Address: _____

Business Telephone: _____

Owner or Agent Name: _____

Owner or Agent Signature: _____

2. DELIVERY ROUTE NARRATIVE

Fill in your delivery route, following the example provided on the instruction sheet. If alternate routes are required, attach additional sheets as needed, following this format:

Turn _____ on _____
(Right or Left) (Traffic Flow Direction) (Street Name)

Turn _____ on _____
(Right or Left) (Traffic Flow Direction) (Street Name)

Turn _____ on _____
(Right or Left) (Traffic Flow Direction) (Street Name)

Turn _____ on _____
(Right or Left) (Traffic Flow Direction) (Street Name)

Turn _____ on _____
(Right or Left) (Traffic Flow Direction) (Street Name)

Turn _____ on _____
(Right or Left) (Traffic Flow Direction) (Street Name)

Turn _____ to enter driveway at _____
(Right or Left) (Business address)

3. AUTO DELIVERY ROUTE MAP

Please mark your delivery route on the City of Santa Monica Truck Route Map using a colored pen or highlighter. Indicate direction of travel by arrows, as shown on the example provided on Auto Delivery Route Instructions.

Send signed, completed form and map to:

CITY OF SANTA MONICA
Traffic Management Division
Attention: Auto Delivery Plan
1685 Main Street, Room 115, P.O. Box 2200
Santa Monica, CA 90407-2200

AUTO DELIVERY ROUTE INSTRUCTIONS

Sections 9.31.060 and 9.31.070 of the Santa Monica Municipal code require auto-related businesses to submit and adhere to auto delivery routes. The purpose of this requirement is to ensure auto-related facilities operate harmoniously with adjacent and surrounding uses. Return your plan to the address above marked Attention: Auto Delivery Route.

The following practices must be observed during auto delivery:

- Route must be on the streets designated as primary and secondary truck routes, indicated on the City Truck Route Map
- No U-turns are permitted along the route
- No use of alleys (except to enter or exit business located on alley)
- Loading and unloading of vehicles is limited to the hours of 8:00 a.m. to 5:00 p.m., Monday through Saturday*
- Vehicle off-loading shall not be permitted from streets that abut residential parcels in Residential District*

* Alternative operational plans must be approved by the Director of Planning and Community Development.

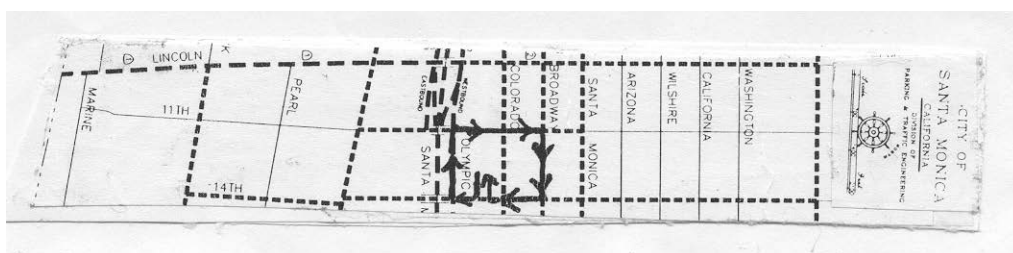
All three parts of the form must be fully completed for approval.

1) Business Information. On the Auto Delivery Route Form, please complete the Business Information section or attach a business card, and sign as owner or owner's agent.



2) Delivery Route Narrative. Write the description of your route from point of entry into the City to the final destination in the spaces provided. Use abbreviations for traffic flow direction (NB for northbound, EB for eastbound, SB for southbound, WB for westbound) For example:

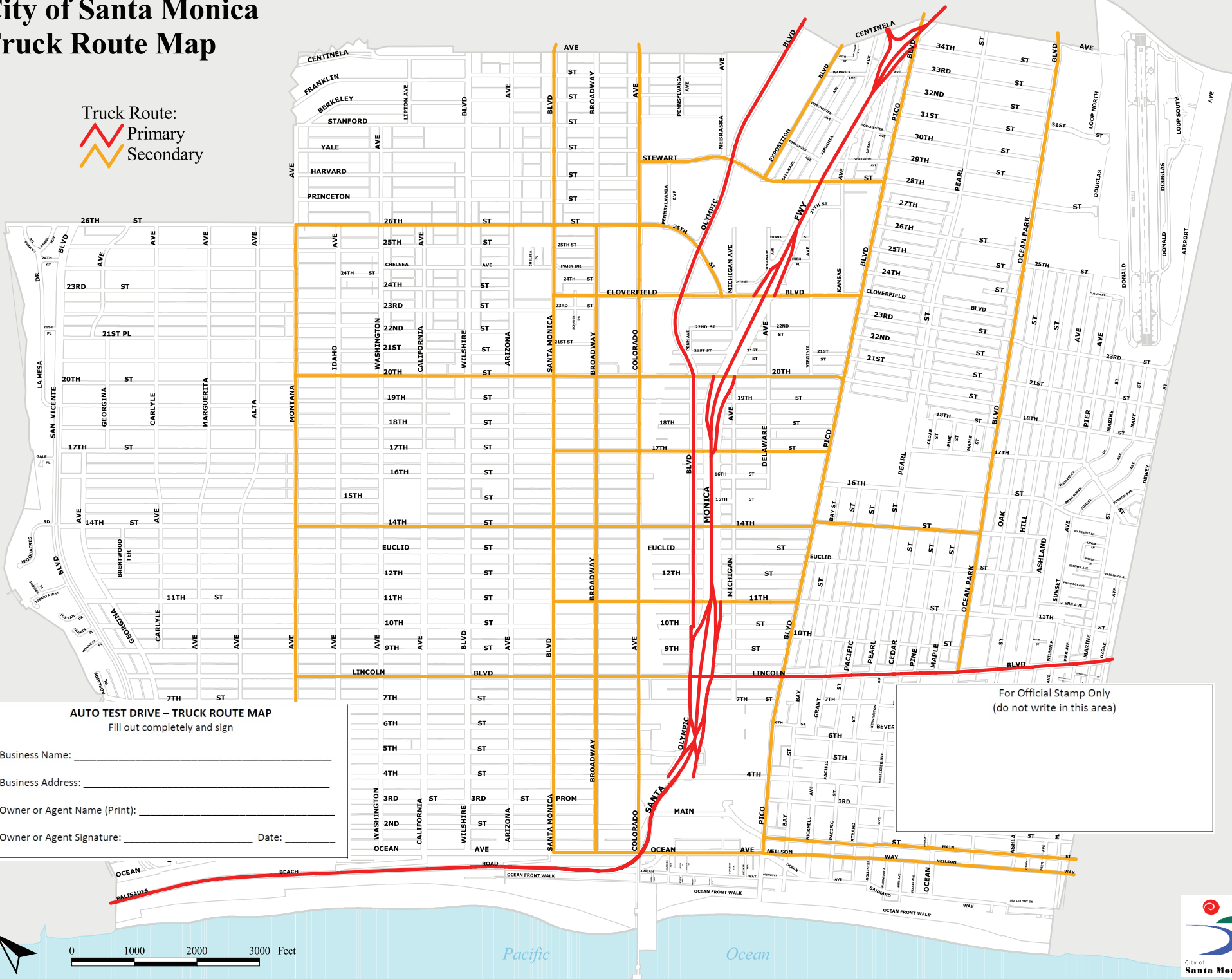
Exit driveway from 1544 14th Street
Turn right on SB 14th Street
Turn right on WB Olympic Blvd.
Turn right on NB 11th Street
Turn right on EB Broadway
Turn right on SB 14th Street
Turn right into the driveway at 1544 14th Street

3) Delivery Route Map. On the City of Santa Monica Truck Route Map, mark test drive route using colored pen or highlighter indicating direction of travel by arrows as shown in the sample below:



City of Santa Monica Truck Route Map

Truck Route:
 Primary
 Secondary



AUTO TEST DRIVE – TRUCK ROUTE MAP

Fill out completely and sign

Business Name: _____

Business Address: _____

Owner or Agent Name (Print): _____

Owner or Agent Signature: _____ Date: _____

For Official Stamp Only
 (do not write in this area)

