

SHORT FORM PARKING ANALYSIS

Center Name: _____ Proposed Tenant: _____

SUITE	TENANT NAME	TYPE OF USE	SQUARE FOOTAGE	PARKING FACTOR FOR USE	REQUIRED PARKING SPACES	(If necessary) OPERATING HOURS	(If necessary) SHARED PARKING

TOTAL: _____

DATE: _____ PREPARED BY: _____

TOTAL PARKING SPACES IN CENTER: _____

REQUIRED PARKING: _____