



Municipality of Anchorage  
**ANCHORAGE HEALTH DEPARTMENT**  
825 L Street, Anchorage, AK 99501 | 907-343-6722  
[AHDshelterlicensing@anchorageak.gov](mailto:AHDshelterlicensing@anchorageak.gov)  
**DESIGNATED SAFE PARKING APPLICATION**



**DESIGNATIONS ARE ISSUED BY THE HOUSING AND HOMELESSNESS SERVICE PROGRAM AT THE ANCHORAGE HEALTH DEPARTMENT**

**If completing this application by hand, please write legibly using only blue or black ink.**

For help or questions regarding this application, please email [AHDshelterlicensing@anchorageak.gov](mailto:AHDshelterlicensing@anchorageak.gov)

The intent of this application is to provide a designation for Designated Safe Parking sites to be in compliance with AMC 16.120.050

All applicants are required to fill out this application. You have the option to attach all required documents to this application. If you choose to not attach the required documents with this application, you will have 30 days after submission of an application to do so. Please submit any documents not uploaded to this application to [AHDshelterlicensing@anchorageak.gov](mailto:AHDshelterlicensing@anchorageak.gov) or in-person. We are unable to process applications without the required documents.

After the Housing and Homeless Services Program has worked with each site, a designation will be granted after required documents are received and approved.

The Housing and Homelessness Services Program will work with each Designated Safe Parking site to create reasonable expectations for the submittal of all required documents, which can be viewed on the Shelter Licensing Webpage or printed upon request.

Once completed you may submit this application to the Housing and Homelessness Services Department in person or by mail, to the following address:

Anchorage Health Department  
Attn: Housing and Homelessness Services  
825 L Street, Suite 508  
Anchorage, AK 99501

**DESIGNATED SAFE PARKING LEADERSHIP INFORMATION****Applicant Information***This is the person filling out this application.*

Name of Person filling out application			
Job Title/Position			
Address			
City, State		Zip Code	
Phone Number		Email Address	

**Designated Safe Parking Manager Information***This is the individual who is responsible for the day-to-day operations of the safe parking site.*

Name of Shelter Manager			
Job Title/Position			
Address			
City, State		Zip Code	
Phone Number		Email Address	

**DESIGNATED SAFE PARKING SITE INFORMATION**

Name of Organization					
Site Address					
City, State				Zip Code	
Site Phone Number			Site Email		
What type of vehicles are allowed/able to park at the proposed site? <i>Select all that apply</i>	<input type="checkbox"/> Vehicles <input type="checkbox"/> Recreational Vehicles <input type="checkbox"/> Travel Trailers		Total Site Capacity <i>Total number of parking spaces available. Per AMC 16.120.050.B.2 only 25 vehicles are allowed per site.</i>		
# of Vehicle Spaces <i>If none, please enter "0"</i>		# of Recreational Vehicle Spaces <i>If none, please enter "0"</i>		# of Travel Trailer Spaces <i>If none, please enter "0"</i>	
Identify your target population <i>Select all that apply</i>	<input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Transition Age Youth (18-21) <input type="checkbox"/> Transition Age Youth (18-24) <input type="checkbox"/> Teens (13-17) <input type="checkbox"/> Families (one or more individuals who live together) <input type="checkbox"/> Special Populations <input type="checkbox"/> Women with Children <input type="checkbox"/> Men with Children <input type="checkbox"/> Pregnant Women				

	<input type="checkbox"/> Families (adult with at least one child under the age of 18) <input type="checkbox"/> Other: _____		
<b>Community Council Area</b>		<b>Do you actively engage with your community council?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If no, explain why.</b>			
<b>OPERATIONS</b>			
<i>Please note that Designated Safe Parking is only permitted during non-winter months (April thru October)</i>			
<b>What date will Designated Safe Parking open?</b> <i>April 1st is the earliest a site can open</i>		<b>What date will Designated Safe Parking end?</b> <i>October 31st is the latest a site can be open</i>	
<b>What time will Designated Safe Parking begin?</b> <i>What is the earliest time participants can enter the site</i>		<b>What time be Designated Parking end?</b> <i>What time will participants be notified to leave the site</i>	
<b>Will Designated Safe Parking be closed on holidays?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, which holiday(s)?</b>	
<b>Describe your security and staffing plan</b>			
<b>Describe any services you plan to provide participants</b> <i>Case management, job training, employment, connections to housing, etc.</i>			
<b>What rules will the participants have and how will they be enforced?</b>			

<p><b>Understanding that this is a voluntary program, how will your organization cover the cost of this program?</b></p>	

DOCUMENT ATTACHMENT	
<i>Please attach copies of the following documents</i>	
<ul style="list-style-type: none"> <li>• Disaster Preparedness and/or Emergency Evacuation Plan</li> <li>• Plan and Protocols which must include:               <ul style="list-style-type: none"> <li>-A minimum of three days' notice to occupants prior to standard voluntary closure or deactivation of the emergency sheltering plan, except for eviction or removal of occupants that violate the area's rules. The plan shall include protocols and demonstrate the applicant's capability to remove or eject vehicles or persons.</li> <li>-Access to potable water, restroom and washing facilities, whether on or off site or provided by the operator or others.</li> <li>-Screening or separation from the property line of the site adjacent to other active uses.</li> <li>-Trash disposal by the occupants and removal by the operator.</li> <li>-Prohibiting non-operable motor vehicles from being towed or otherwise brought on to the premises, and a process and capability for removing abandoned vehicles.</li> <li>-A requirement that each person using the area for vehicular camping sign an agreement demonstrating the person understands the rules, limitations and their responsibilities, and holds the operator harmless for any damages or injury incurred by the person while using the area as authorized.</li> </ul> </li> </ul>	

-Cooperation with emergency shelter providers identified by the department and point of entry protocols.

-A requirement that each owner or operator operate the safe parking area in conformance with all applicable state department of environmental conservation or municipal air quality regulations.

- Good Neighbor Policy

#### GOOD NEIGHBOR POLICY

*Each Designated Safe Parking site is expected to make a good faith effort to minimize neighborhood impacts.*

*Each site shall have a "Good Neighbor Policy" that outlines its commitment and policies to reduce impacts on surrounding areas by its operations, loitering of its clients, trash and litter, and other activities.*

**Does your shelter currently have a Good Neighbor Policy (MOU)?**

☐ Yes

☐ No

☐ In Progress

**If no, explain why.**

Sites are required to have a Good Neighbor Policy. Shelters may submit existing Good Neighbor Policies which were agreed upon by the local community council and the shelter or use the Good Neighbor Policy Template located on the [Housing and Homelessness Services](#) webpage or printed upon request.

#### SUBMISSION

*Please review that all information provided on this application is accurate*

I certify the contents of this application and information provided with it are true, accurate, and complete. I understand that willful misrepresentation of the information provided is cause for immediate denial of an application or later revocation of the license.

Signature

Date

You have now completed the application for Designated Safe Parking. Please submit your application to the Housing and Homelessness Services Program for review. Once the application has been accepted, you will receive an email or phone call from a representative at the Anchorage Health Department.

Please ensure that all required documents are attached to this application, mailed, or emailed to [AHDshelterlicensing@anchorageak.gov](mailto:AHDshelterlicensing@anchorageak.gov) within 30 days of submitting this application for the application to be considered complete.