Monterey County Board of Supervisors
Referral Submittal Form

Referral No. 2026.17
Assignment Date: 8/11/26
(Completed by CAO's Office)

SUBMITTAL - Completed by referring Board office and returned to CAO no later than noon on Thursday prior to Board meeting:

Date: 7/21/2026	Submitted By: Supervisor Kate Daniels	District #: 5
Referral Title: No Parking South of Pt. Lobos Entrance & Pedestrian Bridge Repair		
Referral Purpose: Referral to Assess the Feasibility of Establishing a No Parking Zone South of the Point Lobos State Natural Reserve Entrance in Areas With Limited Shoulder Space to Enhance Traffic Safety and to Collaborate with State Partners on Options for Repairing the Pedestrian Bridge		
Brief Referral Description (attach additional sheet as required): Evaluate the implementation of "No Parking" zones along the south end of the entrance to Point Lobos State Natural Reserve--an area not designated for parking--where limited shoulder space causes vehicles to encroach into the roadway. Request that staff assess the feasibility of pursuing an ordinance and/ necessary permits, similar to prior actions taken near Bixby Bridge [Referral No. 2026.08 (Daniels)]. This request is prompted by immediate threats to life and public safety, as both a tree and vehicles parked on the narrow shoulder are forcing pedestrians to walk directly on the edgeline of Highway 1 to pass through the area Additionally, explore opportunities for coordination with Caltrans and California State Parks to repair the pedestrian bridge located north of the entrance. The current condition of the bridge forces pedestrians off the designated pathway and back onto Highway 1, again requiring travel along the edgeline and creating unsafe conditions.		

Classification - Implication	**Mode of Response**
☐ Ministerial / Minor ☐ Land Use Policy ☐ Social Policy ☐ Budget Policy ☐ Other: _____	☐ Memo X☐ Board Report ☐ Presentation **Requested Response Timeline** ☐ 2 weeks X☐ 1 month ☐ 6 weeks ☐ Status reports until completed ☐ Other: _____ ☐ Specific Date: _____

ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s) Completed by CAO's Office:

Department(s): PWFP/HCD	Referral Lead: Randy Ishii/Craig Spencer	Board Date: 8/11/26

REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:

Department(s):	Referral Lead:	Date:

ANALYSIS - Completed by Department and copied to Board Offices and CAO:

Department analysis of resources required/impact on existing department priorities to complete referral:	
Analysis Completed By: _____ Date: _____	**Department's Recommended Response Timeline** ☐ By requested date ☐ 2 weeks ☐ 1 month ☐ 6 weeks ☐ 6 months ☐ 1 year ☐ Other/Specific Date: _____

REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:

Referral Response Date:	Board Item No.:	Referrals List Deletion:

Note: Please cc Claudia Escalante and Karina Bokanovich on all CAO correspondence relating to referrals.