



PRK-1002

PARKING APPLICATION

Please identify the type of permit you are applying for:

SECTION 1

Residential Permits

- RESIDENTIAL PERMIT
- VISITOR PERMIT
- TEMPORARY PERMIT
- BUSINESS PERMIT
- OTHER

Commercial Permits

- BELL STREET
- CENTRAL/ LIVINGSTONE STREET
- CITY HALL PARKING GARAGE
- GOWER STREET
- HENRY STREET
- NEWTOWN ROAD
- PRINCE STREET LOT
- QUEEN'S ROAD
- SPRINGDALE STREET
- WATER STREET EAST
- OTHER

CONTACT INFORMATION (to be completed by the applicant):

SECTION 2

Applicant Name: _____
 Home/Business Address: _____
 Postal Code: _____

Telephone: (Home) _____ (Work) _____
 Driver's License #: _____
 FOR RESIDENTIAL/VISITOR/TEMPORARY PERMITS:
 Street Address: _____
 (Location for which permit is required)

VEHICLE INFORMATION (not required for business permits and visitor permits where multiple vehicles are used):

SECTION 3

Make: _____ Model: _____ Year: _____
 Plate #: _____

OTHER INFORMATION:

SECTION 4

Please fill in this section as it applies to you

IS OFF-STREET PARKING AVAILABLE? Yes: _____ # of spaces: _____ No: _____

If you are a contractor applying for a temporary permit please complete the following.

Job Location: _____ Anticipated Completion Date of Job (yyyy/mm/dd) _____

CONDITIONS AND APPLICANT DECLARATION:

SECTION 5

1. Parking Permits are intended for the exclusive use of the individual/business to which they are issued and may not be re-sold or used for any other purpose. Misuse of the permit may result in permit privileges being revoked and the vehicle being ticketed and/or towed.
2. Issuance of a permit is subject to parking space availability.
3. Commercial Permits are to be renewed on a monthly basis. It is suggested that permits be renewed at least one week prior to expiration.
4. Residential Permits must be renewed on an annual basis

I certify that the information I have given on this application is correct and complete.

 SIGNATURE OF APPLICANT

 Date:(yyyy/mm/dd)

AUTHORIZATION:

SECTION 6: FOR INTERNAL USE

HAVE ANY RESIDENTIAL PARKING PERMITS ALREADY BEEN ISSUED TO THIS ADDRESS Yes: _____ # of permits: _____ No: _____

AREA: _____ PERMIT # _____

DATE ISSUED (YYYY/MM/DD): _____ ISSUED BY: _____

 SIGNATURE OF OFFICE PERSONNEL

 Date:(yyyy/mm/dd)

Please send completed form to: Access St. John's, First Floor City Hall
 P.O. Box 908, 10 New Gower Street
 St. John's NL A1C 5M2

For further information:
 email: customerservice@stjohns.ca
 call: 3-1-1
 Where 3-1-1 is unavailable, call 709-754-CITY (2489)