



PLEASE PRINT

PER -1000

Department of Planning, Engineering & Regulatory Services

SERVICE PROVIDER PARKING PERMIT APPLICATION FORM

CONTACT INFORMATION (to be completed by supervisor who will administer permits)

SECTION 1

Name, Telephone (work), Telephone (cell), Position, E-mail, Business/Service Provider Name, Division (if applicable), Office Address (PO Box not accepted), Nature of Service (plumbing, home visitation/caregiver, etc.)

VEHICLE INFORMATION (maximum of five permits per business unless pre-approved; if permits will be shared attach a list)

SECTION 2

Table with 5 rows for vehicle information: 1. Make, Model, Plate #, Driver; 2. Make, Model, Plate #, Drive; 3. Make, Model, Plate #, Driver; 4. Make, Model, Plate #, Driver; 5. Make, Model, Plate #, Driver

RULES AND REGULATIONS

SECTION 3

- 1. Service Provider Permits may only be issued to registered or licensed service providers.
2. Vehicles using the permit must be registered to the business or proof of employment and business insurance coverage provided (please attach).
3. Contractors are not eligible for Service Provider Permits. They may obtain a Temporary Permit for a location where a building permit has been issued (applicant must fill out a Residential Parking Permit Application Form).
4. Service Provider Permits may only be used for the purpose of providing a service to a resident in the residential permit area and may not be used for any purpose other than that for which it is intended.
5. The Service Provider Permit allows the holder to park for a maximum of 3 hours in one of the Residential Permit Parking areas while providing a service in a household for a resident.
6. Failure to comply with the rules and regulations will result in the revoking of all service provider permits issued to the business/service provider.
7. Service Provider Permits are non-refundable and non-transferable.
8. The fee for a Service Provider Permit is \$250.00 annually.

ADDITIONAL INFORMATION

SECTION 4

DECLARATION

SECTION 5

I hereby submit this application and confirm that the information supplied is correct and true to the best of my knowledge. I agree to comply and/or to ensure staff/employee compliance with the Service Provider rules and regulations.

Signature _____ Date (yyyy-mm-dd) _____

FOR INTERNAL USE ONLY

SECTION 6

Approved by _____ Permit Issued by _____
 Permit #'s Issued _____ Date (yyyy-mm-dd) _____

Bring/Send completed forms to:
 Access St Johns, First Floor, City Hall
 P.O. Box 908, 10 New Gower Street
 St. John's NL A1C 5M2

For further information:
 E-mail: service@stjohns.ca
 Call: 311, Where 311 is unavailable, call (709) 754-CITY (2489)