

Type of Parking Permit	SECTION 1
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<p>Residential Area Permit</p> <p>Residential Permit</p> <p>Visitor Permit</p> <p>Business Permit</p> <p>Other</p>	<p>Commercial Area Permits – <i>Monthly Expiry</i></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Central/Livingston Street</td> <td style="width: 50%;">Prince Street Lot</td> </tr> <tr> <td>City Hall Parking Garage</td> <td>Queen’s Road</td> </tr> <tr> <td>Gower Street</td> <td>Springdale Street</td> </tr> <tr> <td>Water Street</td> <td>Other</td> </tr> </table>	Central/Livingston Street	Prince Street Lot	City Hall Parking Garage	Queen’s Road	Gower Street	Springdale Street	Water Street	Other
Central/Livingston Street	Prince Street Lot								
City Hall Parking Garage	Queen’s Road								
Gower Street	Springdale Street								
Water Street	Other								

Contact Information	SECTION 2
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Applicant Name _____

Mailing Address _____

Postal Code _____ Email _____

Telephone _____ Cell phone _____

Permit Street Address (if different from mailing) _____

Location for which permit is required

Other Information	SECTION 3
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Residential Permit:

Is off-street parking available? If yes, number of spaces available _____

Quantity of permits requested _____

Contractor Permit in Residential area:

Anticipated date of job Completion _____ Date of Job _____

Building Permit Number (if applicable) _____

PERS – Parking Permit Application

Planning, Engineering, & Regulatory Services

Required Documentation

SECTION 4

Application requires the following documentation:

Copy of vehicle registration(s)

Proof of residency (ex. Utility bill) – *residential/visitor permits only*

Permission from homeowner/landlord – *visitors permit only*

Vehicle Information

SECTION 5

Vehicle 1

Make _____ Model _____ Year _____ Plate # _____

Vehicle 2

Make _____ Model _____ Year _____ Plate # _____

Vehicle 3

Make _____ Model _____ Year _____ Plate # _____

Privacy Notice

SECTION 6

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process your application. Questions about the collection and use of the information may be directed to the Supervisor of Parking Enforcement by email: parking@stjohns.ca or by phone at 709-576-8150.

Conditions and Applicant Declaration

SECTION 7

I certify that the information I have given on this application is correct and complete and that the use of the parking permits issued will be in compliance with all relevant City By-Laws and is subject to space availability.

Signature _____ Date _____

Please send the completed form to:

Access St. John's, City Hall
10 New Gower Street
P.O. Box 908
St. John's, NL A1B 5M2

Email: access@stjohns.ca
Fax: 709-576-7688
Call: 311 or 709-754-2489

