COMMERCIAL VEHICLE LOADING ZONE PERMIT APPLICATION

Use this form to apply for all commercial vehicles loading zone permit. Your completed application may be mailed or submitted in person to the Parking Management Branch. Include payment by money order, cashier’s check, check or credit card with your application. All delinquent parking citations must be resolved prior to permit approval.

Name: ________________________________________ Phone #: ______________________
Fax No: __________________ Company Name: ________________________________________
Company Address:_______________________________________________ Ste #: ___________
City: ________________________________ State: __________________ Zip: _______________
E-Mail Address: ______________________________________ License plate #______________

New Application ☐ Renewal ☐ Replacement ☐

*Permits over $50 will be assessed a $26.42 Administration Fee
*Permits are subject to 8.25% sales tax
*Class A, B & C permits are valid for 1 year from the date of issuance

Class A Permit $1284.60 (Provides for a maximum of two hours of parking in a commercial vehicle loading zone or one to two metered parking spaces)
Class B Permit $321.15 (Provides for a maximum of one hour parking in a commercial vehicle loading zone)
Class C Permit $160.57 (Provides for a maximum of thirty minutes parking in a commercial vehicle loading zone)
Class D Permit $26.75 - Valid for a period not to exceed twenty-one (21) consecutive days and only one permit per vehicle per 12-month period. Provides for a maximum of one hour parking in a commercial vehicle loading zone.
Replacement $26.75 (must provide either HPD stolen report or notarized affidavit with application along with the permit number that was lost/stolen)

I certify under penalty of perjury that the above information is true.

SIGNATURE OF APPLICANT: ______________________________________ DATE: ______________

OFFICE USE ONLY – APPROVAL

Name_____________________________________ Date : __________________ TOTAL PERMIT FEES

PAYMENT METHOD:
☐ CASH ☐ CHECK ☐ MONEY ORDER ☐ VISA ☐ MASTERCARD ☐ DISCOVER

CREDIT CARD #____________________________________ EXP. DATE: __________________
NAME ON CREDIT CARD: __________________________________________________________