



COMMERCIAL VEHICLE/PARKING LOT PERMIT

CIVIC INFORMATION

CIVIC# _____

STREET NAME: _____

APPLICANT CONTACT INFORMATION

NAME: _____ MAILING ADDRESS: _____

PHONE: _____

CELL: _____

EMAIL: _____

PARKING LOT

TYPE OF LOT PAVED GRAVEL GRASS

DIMENSIONS OF LOT: Width: _____ Depth: _____ Total Area: _____

VEHICLE TYPES

“Commercial Motor Vehicle” means any vehicle designed, maintained, or primarily used for the transportation of property and persons, and includes a bus, truck (excluding 1 ton and under), delivery van or wagon, tractor, truck tractor, and trailer, heavy equipment, construction equipment, but does not include a taxicab, jitney bus, or recreational vehicle.

“Operational Vehicle” means a vehicle that is fully and immediately capable of driving with active motor vehicle registration and that is not in any wrecked, discarded, abandoned, or work-in-progress condition.

	Non-Commercial	Commercial	Non-Operational *
Maximum Parking Spaces			

*Note: The parking of non-Operational Vehicles, other than in an enclosed garage, shall be prohibited in all Parking Lots unless expressly permitted in the conditions of a Parking Lot permit issued by council. If any number greater than 0 is being requested, please attach a supplementary letter explaining why permission to park non-operational vehicles is being requested

ZONING

Zoning of Property	
Zoning of Adjacent Property	
Is this Parking Lot to be used in association with any registered business? (If Yes, please describe)	

Requested duration for Parking Lot Permit:	
Reasoning for requested duration:	

Note: Parking Lot permits in residential zones shall not be valid for more than one year, shall not be transferable, and shall not permit the parking of more than 1 Commercial Motor Vehicle outside of an enclosed garage.

Note: Parking Lot permits in non-residential zones shall be valid for so-long as the associated business has an active business permit from council, unless a shorter time has been defined by council.

PROPOSED SCREENING

	Public Road	Right-Side	Left-Side	Rear
Public Visibility (Circle Yes or No)	Yes / No	Yes / No	Yes / No	Yes / No
Adjacent Land owned by applicant?		Yes / No	Yes / No	Yes / No

Please describe any proposed screening or efforts to minimize visible impact to surrounding areas if applicable.

APPLICANT SIGNATURE OF AGREEMENT

I HEREBY SUBMIT THIS APPLICATION AND CONFIRM THAT THE INFORMATION SUPPLIED IS TO THE BEST OF MY KNOWLEDGE CORRECT. I AGREE TO COMPLY WITH ALL MUNICIPAL REGULATIONS.

NOTE: WHEN THE APPLICANT AND THE PROPERTY OWNER ARE NOT THE SAME, THE SIGNATURE OF THE PROPERTY OWNER IS REQUIRED BEFORE THE APPLICATION CAN BE ACCEPTED FOR PROCESSING.

APPLICANT: _____ DATE: _____

PROPERTY OWNER: _____ DATE: _____

APPLICATION REQUIREMENT CHECKLIST

- APPLICATION FORM
- SURVEY OR DRAWING OF PROPOSED AREA.

PARKING LOT PERMIT

- 1 PERMIT EXPIRES (12) MONTHS FROM DATE ISSUED UNLESS OTHER TIME IS SPECIFIED BY COUNCIL

FOR OFFICE USE ONLY

DATE ISSUED: _____

PERMIT NUMBER: _____