



Please Print

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Driver's License: State: \_\_\_\_\_ Number: \_\_\_\_\_

**Section I: Proof of Residence in a Residential Permit Parking Zone**

Attached is valid copy of both

Both of the following:

- a valid Virginia Driver's license or Virginia state identification card, or presentation of a City of Charlottesville personal property tax return, reflecting the residential address for which this zone permit is issued,
- and**
- Proof of ownership of the property at the address within the restricted parking block for which a permit is sought or a signed agreement establishing occupancy thereof.

**Section II: Proof of Vehicle Ownership**

One of the following:

Registration for the vehicle in question, or a City of Charlottesville property tax return for such vehicle, either of which must indicate that the vehicle is registered at an address within the restricted parking block for which a permit is sought.

**Section III: For Students of the University of Virginia or Piedmont Virginia Community College**

(Only if the requirements in Sections I and II are not met)

Attached is a valid copy of all

All of the following:

- Current driver's license; and
- Current student identification card; and
- Vehicle registration for the vehicle for which a permit is sought; and
- Signed agreement establishing occupancy at the address within the restricted parking block for which a permit is sought

**Section IV: Certification of Applicant**

I certify that I fully understand the City of Charlottesville Residential Permit Parking Zone & Restricted Parking Blocks Ordinance, City Code §15-201 through 211, and understand that the permit(s) issued with this application is (are) only for the vehicle(s) described herein. I also understand that **violation of any regulation set forth within this section (such as misrepresentation of the information on this application) may result in revocation of permits, and denial of the issuance of replacements, for a period of up to three (3) years.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only: zone # \_\_\_\_\_ permit # \_\_\_\_\_ issued by: (do NOT leave blank) \_\_\_\_\_  
 fee (check one): \$25.00 \_\_\_\_\_ no charge \_\_\_\_\_ \$2.00 (transfers only) \_\_\_\_\_  
 license plate (state & #) \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_