



EARLY MORNING PARKING PERMIT APPLICATION

Fee: \$82.00

Permit Number: _____

VALID FROM: January 1, 2026 – December 31, 2026

To the Director of Planning and Redevelopment:

I / We, being the property owner(s) and/or tenant(s) of the real property herein described, hereby request the following Early Morning Parking Permit pursuant to Glendora Municipal Code Section 10.12.020

In applying for this exemption, it is acknowledged that:

1. All available, legal parking spaces on the premises are being fully utilized;
2. All vehicles parked upon the premises, including those parked within the garage, are to be registered to the resident or are company sponsored passenger vehicles with no logos, are maintained in an operative condition, and are legally permitted on the premises by the Glendora Zoning Code;
3. All driver licenses and vehicle registrations must reflect the address that appears on this application;
4. The exempted vehicle shall be a passenger vehicle (i.e. not an RV, motorcycle, or commercial vehicle) that is used on a regular basis, requiring that it is normally driven and moved daily.

5. The EMP Exemption Application shall be accompanied by:

- **An \$82.00 non refundable fee**, as established by resolution of the City Council, for defraying costs incidental to the issuance of the permit.
- **Copies of current registration** for **all vehicles** parked at the residence.
- **Copies of all driver licenses** of persons residing at the property.
- **Copy of Lease or Rental Agreement if you are not the owner**
- **We no longer make copies for the public, please provide your own copies**

**REQUIRED BY
APPLICANT**

6. SUBMIT APPLICATION AT GLENDORA POLICE DEPARTMENT

- Questions? Call: (626) 852-4825 – Glendora Police Code Enforcement (150 S. Glendora Avenue)

Visit the City's website at www.ci.glendora.ca.us for more information of this program & FAQs.

Description of vehicle requested for annual permit (for multiple permit requests mark with * next to additional vehicle below):

Make: _____ Model: _____ Year: _____ Color: _____

VIN: _____ License Plate No. _____

List all additional vehicle(s) kept / parked at the residence (License Plate / Make / Model / Year / Color)
(list additional vehicles on reverse side if needed)

- A. Question: Total number of vehicle(s) you have parked on the property? _____

B. Question: Number of vehicle(s) that can be parked in the garage or carport? _____

C. Question: Number of vehicle(s) that can be parked in the driveway or open parking space? _____

D. *Apartment, Duplex & Condos only.* Question: How many bedroom(s) are in your unit: _____

Property address: _____ Unit #: _____

Description of property (house, duplex, condo, apartment etc.): _____

Name of Applicant: _____ Phone #: _____

Signature of Applicant: _____ Date: _____

If Applicant is a tenant / renter - Obtain and complete information below:

Name of Property Owner/Manager: _____ Phone: _____

FOR CITY USE ONLY

Received by: _____ Date: _____

Inspected by: _____ Date: _____

Approved / Denied by: _____ Date: _____

Paid by:

☐ CC ☐ Check# _____

☐ Cash ☐ Exempt