CITY OF CHARLOTTESVILLE
APPLICATION FOR RESIDENTIAL PARKING PERMIT
September 1st - August 31st

(PLEASE PRINT):

Driver's License State & Number: _____
First Name: _____
Last Name: _____
Residential Address: _____
Home Phone #: _____ Work Phone #:_____

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, and only valid in the block in which I reside. 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: permit # _____ issued by (do NOT leave blank) _____
Fee ____ $1.00 _____ $0.00 _____ $2.00 (transfer fee) _____
Zone _____ License plate: State _____ Plate Number_____
Year, Make, & Model of Vehicle: _____