

WINTER OVERNIGHT PARKING PERMIT APPLICATION

➔ Only 1 vehicle per application, please ➔

PERMIT #

Date & Time Rec'd by CHPD		Rec'd by	
YOUR NAME			D.O.B.
HOME ADDRESS	Columbia Heights, MN 55421 -		
HOME PHONE:	763 -	WORK or CELL PHONE: (area code??)	
Check all that apply ➔	<input type="checkbox"/> House	<input type="checkbox"/> I OWN it	<input type="checkbox"/> 1-car garage
	<input type="checkbox"/> Duplex	<input type="checkbox"/> I RENT it	<input type="checkbox"/> 2-car garage
	<input type="checkbox"/> Apartment	<input type="checkbox"/> I have NO garage	<input type="checkbox"/> 3+ car garage
YEAR and MAKE of your vehicle:	(one vehicle per application)		
LICENSE PLATE NUMBER of your vehicle:	Failure to list your license number will significantly delay the process!		
How many <u>licensed drivers</u> in your household?	<input type="text"/>	How many <u>vehicles</u> in your household?	<input type="text"/>
How many <u>off-street</u> parking places available? (Garage + driveway)	<input type="text"/>	Is this a commercial or business vehicle?	<input type="text"/>
Did you receive a permit last year?	<input type="text"/>	↔ If so, please list the number:	<input type="text"/>
Do you have any medical condition that should be considered? Please explain ➔	<input type="text"/>		
INCOMPLETE INFORMATION will delay your permit. FALSE INFORMATION will be grounds for denial of permit.			
DO NOT WRITE BELOW THIS LINE			
Inspected on		at	Hrs by
Applicant contacted on		at	hrs by
2 nd attempt to contact		at	hrs by
3 rd attempt to contact		at	hrs by
		GRID:	