



# City of St. Augustine

## ANNUAL PARKING PERMIT

Public Works Department ▪ City Hall, 75 King Street, Lobby B - 4<sup>th</sup> Floor ▪ PO Box 210 ▪ St. Augustine, FL 32085-0210

Phone: (904) 209-4375 ▪ Fax: (904) 209-4286 ▪ Email: [PWPermits@citystaug.com](mailto:PWPermits@citystaug.com)

<b>Annual Parking Permit Application Requirements:</b>	<i>Office Use Only</i>
To request an Annual Parking Permit, please fill in Section I of this form and submit it, together with application fee, to Public Works Department.	City Sticker Number:
<b><u>NOTE: This Annual Parking Permit is in accordance with the attached Permit Requirements. Any deviation from the Permit Requirements will result in permit withdrawal and forfeiture of current and/or future permits. Please read and adhere to all applicable specifications in attached Annual Parking Permit Requirements.</u></b>	<i>Date Received Stamp</i>

### SECTION I (To be filled in by Applicant)

<b>Applicant's Information:</b>	
Name:	Phone No.:
Mailing Address:	Email:
City, State, Zip	Applicant's Signature:

<b>Vehicle Description:</b>			
Year:	Make:	License Plate #	
Height:	Length:	Width:	Company Truck #
<b>*Restricted size streets are limited to vehicles with no more than 2 axles. See Included Map*</b>			

<b>Type of Service(s) Provided:</b>	
Service:	Company's Name:
<b>*Attach a list of customers if additional space is needed.*</b>	

### SECTION II (To be filled in by City Staff)

<b>Authorized Streets &amp; Stops (see attached list of customers):</b>		
Location:	Day of Week:	Time:

<b>Permit Fee (for 1 Calendar Year without proration):</b>		<b>Date Paid:</b>
Annual Parking Permit Fee: \$150.00 for 1 <sup>st</sup> vehicle	\$	<i>Date Paid Stamp</i>
Additional Fees: \$50.00 per additional vehicle	\$	
Total:	\$	
Start Date:	End Date:	

<b>Additional Comments:</b>

<b>Authorized By:</b>
Staff Signature:
Name & Title:

<b>Date Issued:</b>
<b>Valid Through:</b>