



City of St. Augustine

ANNUAL PARKING PERMIT

Public Works Department ▪ City Hall, 75 King Street, Lobby B - 4th Floor ▪ PO Box 210 ▪ St. Augustine, FL 32085-0210
Phone: (904) 209-4375 ▪ Fax: (904) 209-4286 ▪ Email: PWPPermits@citystaug.com

Annual Parking Permit Application Requirements:	<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.	Permit No.:
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.	<i>Date Received Stamp</i>

SECTION I (To be filled in by Applicant)

Applicant's Information:			
Name:		Phone No.:	
Mailing Address:		Email Address:	
City:	State:	Zip:	Applicant's Signature:

Vehicle Description:			
Year:	Make:	License Plate #	
Height:	Length:	Width:	Company Truck #
*Restricted Size Streets limited to vehicles with no more than 2 axles.			

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

SECTION II (By City Staff Only)

Authorized Streets & Stops:		
Location:	Day of Week:	Time:
Location:	Day of Week:	Time:
Location:	Day of Week:	Time:
Location:	Day of Week:	Time:
Location:	Day of Week:	Time:



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

Additional Comments (City Staff Only):

Authorized By:
Signature:
Name:
Title:

Date Issued:
Valid Through: