



DESIGNATED RESIDENTIAL PARKING AREA IN BALTIMORE COUNTY

LICENSE YEAR: August 1 through July 31, _____

Department of Permits, Approvals and Inspections
 County Office Building
 111 West Chesapeake Avenue Room 114
 Towson, Maryland 21204
 410-887-3616

PROPERTY INFORMATION SHEET

(ONE FORM PER PROPERTY ONCE EACH LICENSE YEAR)

List ALL residents of this property applying for a Residential Parking sticker

FULL NAME First Name, Middle Initial, Last Name	RELATIONSHIP TO PROPERTY OWNER	APT/UNIT # (IF APPLICABLE)	VEHICLE MAKE	VEHICLE MODEL	YEAR

PROPERTY OWNER INFORMATION

Property Address _____
(Address must be within a designated residential permit parking area) (Full Address, City, Zip)

Property Owner(s) Name _____ **Primary Phone No.** _____

Property Owner(s) Mailing Address _____
(If different than the address above)

Property Tax No. _____ **Is the Property Owner Occupied?** YES NO (If no, complete Resident Agent information)

Resident Agent _____
(For property that is owned or managed by a corporation/LLC)

Total number of persons living on this property who are applying for a parking sticker? (all units combined) _____

*Note - If three or more unrelated individuals reside at the above address, only two of those residents will be issued an annual residential parking permit on a first-come, first-serve basis. If the property owner can provide evidence that a Zoning "special exception" for a rooming house exists, and the dwelling is not subject to area "A" restrictions then additional permit stickers may be issued.

PROPERTY INFORMATION AFFIDAVIT

I solemnly affirm under the penalties of perjury that (1) the owner identified above is the legal owner of the property and (2) the information provided above is true to the best of my knowledge, information, and belief. I also understand that my failure to fully and honestly complete this form may result in the suspension, revocation, or refusal to issue or to renew parking permit(s).

APPLICANT SIGNATURE _____ **DATE** _____

WITNESS SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY

Property Information Verified (Date/Initial) _____ MD Tax Assessment Current Tax Bill SDAT Signed Settlement Sheet

DESIGNATED RESIDENTIAL PARKING AREA IN BALTIMORE COUNTY PERMIT APPLICATION

50% Late Penalty Fee if Received after July 31 for Renewal Applicants

- New (1st time applicant/per vehicle) \$36.00
- Renewal (2nd year continual per vehicle) \$14.00 / Late Fee \$21.00
- Age 65 or older (Fee Waived)
- Vehicle Sold (within license year) \$11.00
Reason: _____

Provide the following required documentation:
Valid **Driver's License**, Valid Vehicle Registration and a Current Lease Agreement (If Renter/Tenant).

*If THREE or more unrelated individuals reside at the designated residential parking address, only TWO of those residents will be issued an annual parking permit.

APPLICANT INFORMATION

Applicant's Full Name _____ Primary Phone No. _____

Address _____ Zip Code _____
(Address must be within a designated residential permit parking area)

DOB ____ / ____ / ____ Age 65 or Older Yes **No** **Do you have a Valid Driver's License?** Yes No

E-mail Address _____

Applicant's relationship to the property owner: (select one) Self Spouse Child Parent Other _____

(If renter/tenant, are you related to other renter/tenants* living at this property) Yes No **If No, provide the following:**

Lease Start Date _____ **Lease End Date** _____

VEHICLE INFORMATION

Vehicle Make _____ Model _____ Year _____ Color _____

License Tag No. _____ Registration Exp. Date _____ Is this Vehicle Registered to the Applicant: Yes No

Name vehicle is registered to _____
(Complete If different from the applicant)

Registration Address _____ Zip Code _____
(Complete If different from the applicant)

TEMPORARY VISITOR PERMITS
(One packet per property address)

Are you applying for Temporary Visitor Permits? Yes No (If No, skip this section)

New applicant \$36.00 Renewal applicant \$14.00 Age 65 or older (Fee Waived)

One packet per property address. If you have already applied for Temporary Visitor Permits within this license year 8/1-7/31, you are not eligible to reapply for additional permits. You must return the permits used in order to receive additional temporary visitor permits within the license year.

DESIGNATED RESIDENTIAL PARKING AFFIDAVIT

I solemnly affirm under the penalties of perjury that the answers to the questions in the foregoing sections, are true to the best of my knowledge, information, and belief, that I have received a copy of the instructions for Obtaining/ Renewing Residential Parking Permits and that I understand that my failure to fully and honestly complete this application may result in the suspension, revocation, or refusal to issue or to renew parking permit(s).

APPLICANT SIGNATURE _____ DATE _____

OFFICE USE ONLY

Vehicle Permit # _____ Temp Visitor Permit # _____ to Temp Visitor Permit # _____

Cash Receipt Date _____ Cash Receipt No. _____ Fee Paid _____ Parking Area _____ Date Issued _____

Date Data Entered _____ Initials _____