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

Please Print
Last Name: _______________________________________________________________
First Name: _______________________________________________________________
Residential Address: _______________________________________________________
Home Phone #: ___________________ Work Phone #: __________________________
Driver’s License: State: _______ Number: _________________________________

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. 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: zone # ______ permit #___________ issued by: (do NOT leave blank) _______
fee (check one): $25.00 ______ no charge ______ $2.00 (transfers only) ______
license plate (state & #) __________________ Year ______ Make _______ Model ________