



Application for Temporary Parking Spot Closure Permit

Please Return To: City of Charlottesville
 Department of Neighborhood Development Services
 P.O. Box 911, City Hall
 Charlottesville, VA 22902
 Telephone (434)-970-3182 Fax (434)-970-3359

Please include \$20 permit fee per on-street parking space closed per day (exception for portable storage containers). Fees must be paid prior to authorization of closure. Applications are not processed after 3:30pm.

Please make checks payable to the City of Charlottesville. Cash payment is accepted by the Department of Neighborhood Development Services located inside the 610 East Market Street entrance to City Hall.

Please make arrangements to come to City Hall and obtain the approved closure permit.

Name/Title: _____ Date: _____
 Company: _____ E-mail Address: _____
 Mailing _____ Address: _____
 Phone (check preferred method): Office: _____ Mobile: _____ Fax: _____
 Block (ex. 300 Block 7th NE): _____ Number of On-street Parking Spaces to be Closed: _____
 Date(s) and Time(s) for Closure: _____
 Reason (construction equipment, portable storage unit, vehicle, dumpster): _____

Your request to temporarily close the above street/sidewalk/parking space is hereby approved based on the following conditions:

1. Please submit this form **NO LATER THAN ONE WEEK BEFORE YOUR PROPOSED CLOSURE START DATE** to The Department of Neighborhood Development Services, address above. This department will contact you and inform you of the request status.
2. If you will be using a portable storage container (PODS, PACK-RAT, etc.), please check the box. A separate zoning permit will also be required and can be obtained at Neighborhood Development Services. **(Reduced fee of \$10 per day)**
3. You will place temporary signage stating the schedule for removal and restoration of the parking **at least 48 hours prior to your closure.** (Please initial in the box)
4. No sign or other matter advertising anything or business shall be displayed in, on or above any portion of the public right-of-way during or in connection with your temporary use thereof.
5. This permit does not include any designated handicap spaces, loading zones, or No Parking areas unless otherwise noted above.
6. **SHOULD YOU FAIL, AT ANY TIME, TO COMPLY WITH ANY AND ALL OF THE CONDITIONS STATED ABOVE, THE CITY MAY REVOKE YOUR PERMISSION TO USE THE PARKING SPACE.**

# of Spaces	# of Days	x \$20/day	Total

Please sign in the space indicated below and return this agreement, keeping a copy for your own records

Acknowledged: _____ Applicant/Title _____ Date _____
 Approved: _____ City Official/Title _____ Date _____

Office Use Only:		
Amount Paid _____	Date Paid _____	Cash/Check # _____
Account# 105-3901001000-422070		