



Village of Amityville
 21 Ireland Place, Amityville, NY 11701
 Phone: (631) 264-6000 Fax: (631) 598-0363

Court _____
 Code Enforcement _____

Application for: On- Street Parking Permit
Section 172-26 thru 172-27 of Village Code

Temporary Permit \$25.00 Paid on: _____ Receipt No. _____
 Six Month Permit Fee \$100.00 Paid on _____ Annual Permit Fee \$125.00 Paid on: _____
 Receipt No. _____ **Attach copy of your driver's license**

Applicant Name: _____

Address: _____ Phone #: _____

Does residence have a garage? Yes No Use: _____
 Does residence have a basement? Yes No Use: _____
 Is house a two-family? Yes No

Property Owner's Name (if different) _____

Address: _____ Phone #: _____

Reason for On-Street Parking _____

Length of time requested _____ Total Number of vehicles on premises: _____

What is your plan to resolve your need for on-street parking? _____

By what date do you expect to have the problem resolved? _____

This application is for:

Vehicle Year	Vehicle Make/Model	License Plate No.	Expiration Date	Is this a renewal request?

List all other vehicles owned by persons residing at this residence:

List all other vehicles which currently have valid on-street parking permits:

Note: Applicant must attach copies of vehicle registrations for ALL vehicles stored on premises.
Vehicle approved for on-street parking must be parked directly in front of applicant's residence.
In the event of a snow storm or emergency, ALL vehicles must be removed from the street.

In consideration of the approval of this application, I hereby release the Village of Amityville from any liability for personal injuries or property damage arising while my vehicle is parked on a Village street.

Date: _____ Signature of Applicant _____

FOR VILLAGE USE ONLY

Temporary Permit No: _____ Expires: _____ Number of current valid permits: _____

Completed by: _____ Date: _____

To be completed by the Police Department/Court Clerk

Outstanding Summons: YES NO How many summons: _____

Total Amount Due: \$ _____

Comments: _____

Completed by: _____ Date: _____

To be completed by the Building Department

Verified that dwelling is a single family: YES NO

Number of off-street parking spaces: Driveway _____ Garage _____ TOTAL: _____

Comments/recommendationis: _____

Completed by: _____ Date: _____

Action by the Board of Trustees:

Date: _____

APPROVED APPROVED WITH STIPULATIONS DISAPPROVED

If Approved: Permit Number: _____ Expiration Date: _____