

PROPERTY OWNER PARKING PERMIT APPLICATION

Parking Services
2700 Impound Lot Rd
Columbus, OH 43207
614.645.6400
parkingservices@columbus.gov

APPLICATION INSTRUCTIONS

This application is intended for property owners that own one or multiple residential properties in a permit parking zone but do not reside within the permit parking zone.

This application must be completed by the property owner and submitted in-person at Parking Services, 2700 Impound Lot Road, Columbus, Ohio 43207, by mail or by emailing parkingservices@columbus.gov. Once the address is approved, it will be set-up in the online portal to apply for a permit.

Applicants must present a government-issued photo ID and proof of ownership for each address listed on the application (mortgage statement or property tax bill will be acceptable). Applicants are required to use a separate email address for each permit zone that the properties are located. (I.E. if you own one property in permit zone SNE and one property on SNC, each will require an email address.) If all properties are located in the same permit zone, only one email address is needed.

Applicants meeting all requirements will receive one (1) guest parking permit for each zone that the applicant has properties located. Each guest permit will cost \$25 each and have access to 300 24-hour guest passes at a cost. The guest permit and guest passes can be managed through your online customer portal.

Please go to www.parkcolumbus.com to review the Permit Parking Rules and Regulations and information specific to each Permit Zone.

Cash, check and credit card (Visa, Mastercard, Discover and American Express) are accepted. Please make check/money order payable to: Treasurer, City of Columbus. A \$25 Return Check Fee applies for checks returned by the bank.

APPLICANT INFORMATION (PLEASE PRINT)

NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

PLEASE LIST EACH PROPERTY THAT YOU ARE REQUESTING A PERMIT FOR AND INCLUDE THE PERMIT AREA FOR EACH ADDRESS (To determine what permit zone each property is located, visit www.parkcolumbus.com. If more than one property, please use backside of application):

ADDRESS _____

PERMIT ZONE _____ EMAIL _____

By my signature below, I attest that I will adhere to the City of Columbus Residential District Parking Rules and Regulations, and I further certify that all statements herein and attached are true to the best of my knowledge and belief.

Applicant Signature

Date

OFFICE USE ONLY

Date Application Received _____ Type of Residency Verification _____

Date Issued _____ Issued By _____ Amount Paid _____ CK # _____ CA _____ CC _____

Permit Number(s) Issued _____

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Please list each property that you are requesting a permit for and include the permit zone for each address. To determine what permit zone each property is located, visit www.parkcolumbus.com.

ADDRESS _____

PERMIT ZONE _____ EMAIL _____

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