THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF
PUBLIC SERVICE

RESIDENT PARKING PERMIT APPLICATION

PERMIT AREA _____

APPLICATION INSTRUCTIONS

This application must be completed by the resident and submitted in person at Parking Services, 2700 Impound Lot Road, Columbus, Ohio 43207. If you are applying for a permit in zones SNA, SNB, SNC, SND, SNE, VG or CH, please visit **www.ParkColumbus.com** to apply online.

Applicants must present a government-issued photo ID, current vehicle registration, and proof of residency (only a current signed lease, mortgage statement, property tax bill, electric bill, gas bill, landline telephone bill or water bill is acceptable).

Applicants meeting all requirements will receive a parking permit for $25 each. Those meeting the requirements for a parking permit fee reduction, will receive a parking permit for $10 each. Please see back page for additional required documentation.

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

Applicants are required to pay all outstanding parking tickets before obtaining a permit.

Cash, check and credit card (Visa, Mastercard, and Discover) 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)

PERMIT AREA _____   CHECK BOX IF APPLYING FOR A PARKING PERMIT FEE REDUCTION ☐

RESIDENT NAME _____

RESIDENT ADDRESS _____

PHONE _____   EMAIL _____

VEHICLE MAKE _____   YEAR _____   STATE _____   LICENSE PLATE # _____

VEHICLE MAKE _____   YEAR _____   STATE _____   LICENSE PLATE # _____

GUEST PERMIT
DO YOU WANT A GUEST PERMIT?   ☐ YES   ☐ NO   (check one)

If you are requesting a guest permit, you will also have access to one-day guest passes. The first five (5) one-day guest passes are free. Each pass requested after the fifth will be $1.00 each.

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 _____

RESIDENT PARKING PERMIT
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APPLICATION INSTRUCTIONS FOR A PARKING PERMIT FEE REDUCTION

Only applicants within a Permit Area and meet certain income guidelines are eligible for parking permit for a reduced fee. To be eligible, an applicant must meet one (1) of the following requirements and provide a letter of participation or proof of receiving benefits from the issuing program:

- ❖ **Social Security Benefits**
- ❖ **Ohio Food Assistance Program**
- ❖ **Ohio Medicaid**
- ❖ **Low Income Energy Assistance (LIHEAP)**
- ❖ **Home Energy Assistance Program (HEAP)**
- ❖ **Ohio Works First (OWF)**
- ❖ **Public housing benefits**

Applicants must also present government-issued photo ID, current vehicle registration, and proof of residency (only a current lease, mortgage, electric bill, gas bill, landline telephone bill or water bill is acceptable).

Applicants meeting all requirements will receive a parking permit for $10 each. The applicant is required to provide proof of participation upon permit renewal to verify the applicant still meets specific income guidelines.

Applicants are required to pay all outstanding parking tickets before obtaining a permit.

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A $25 Return Check Fee applies for checks returned by the bank.