



Parking Department

Parking Operation Center, 915 Quarrier St., Charleston WV 25301

Phone (304) 348-8158

Email: parkingquestions@cityofcharleston.org

Resident Parking Permit Application

Resident Name: _____

Street Address: _____

City: Charleston State: WV Zip Code: _____

Resident Email: _____

Phone Number: _____ Work Number: _____

Vehicle 1 VIN# _____ License# _____

Make _____ Model _____ Color _____

Vehicle 2 VIN# _____ License# _____

Make _____ Model _____ Color _____

Add Visitors permit (check box for 1 permit) for service providers, guests, etc.

Total number of permits (up to 3) _____ x \$25.00 = Total due \$ _____ .00

Proof of residency matching the street address on this application must be provided to obtain a residential parking permit. Acceptable documents include gas bill, electric bill, water bill or a copy of a lease agreement (with name & address).

PLEASE READ AND UNDERSTAND THE FOLLOWING RULES AND PROCEDURES

1. Each residential unit in the "Residential Permit Only" parking area may obtain a maximum of TWO (2) permits for vehicles owned by the resident.
2. One additional permit per residential unit may be obtained as a "visitor permit". The visitor permit must be provided by the applicant to the visitor when parking.
3. Each annual permit issued is valid for parking January 1st through December 31st of the calendar year.
4. Each residential area is assigned a color-coded permit. Each permit is valid for parking in the assigned residential area only. Each resident should park as close as possible to the address on the application.
5. All vehicles parked in the area must have the placard visibly displayed while parking.
6. Any vehicle parking in a residential parking area in violation of the terms of the parking ordinance shall be subject to a parking citation with a fine of \$75.00. Multiple offenses could cause a vehicle to be immobilized and/or towed.
7. Each resident is required to notify the Parking Department about any changes to the above information.

I understand the rules and procedures. I confirm that the residential information shown above is true and correct to the best of my knowledge:

Signature

Date

**Mail original completed application, proof of residency and payment to:
City of Charleston – Parking Dept., PO Box 2749, Charleston, WV 25330**

Office Use: _____ Clancy /Permit Number/s _____ Permit delivered _____ in person _____ by mail

Processed by _____ (staff initials)

Completed and filed on _____ (date)