

108200
P & R
Permits

SEATTLE DEPARTMENT OF TRANSPORTATION
Traffic Permits, 37th fl ~ 700 5th Ave, Suite 3768~
PO Box 34996 ~Seattle, WA 98124-4996
Telephone: (206) 684-5086 ~ Fax: (206) 684-5085

Application for Truck Permits and/or Metered Space Reservation
24 hours notice required for all requests, including extensions (30 day maximum)

Application Date: _____ Effective Date: _____ Time: _____ Expiration Date: _____ Time: _____

Company Name: _____

Address: _____

Contact Person: _____ Bus. Telephone: _____

Email address: _____

ANSWER ALL THAT APPLY:

QTY OF PERMITS _____ Lic. No(s): _____ Are you working Sat? _____ Sun? _____

ARE YOU GOING TO: Stand truck in a metered space? _____ Stand truck in restricted area? _____

Restricted Area Location (exact street address): _____

Space Numbers /Metered Space Locations: _____

_____ Yellow (NO PARKING 7 AM - 6 PM Mon./Sat.)

_____ Red (NO PARKING TOW AWAY ZONE 684-5444)

Carpool signs?: _____ Replacement space numbers: _____

Street Use Permit Number/Purpose: _____

\$16.00 per truck permit for up to 2 days, 3rd and any additional days \$8.00 per day per permit

\$18.50 labor charge for installation and removal of meter hoods or No-Parking Signs at metered spaces.

[NO removals or installations on Saturdays, Sundays, or Holidays]

Lost Revenue per metered space per day: \$20.00 Downtown for "Yellow" (No-Parking, 7:00am-6pm MON-SAT)

\$15.00 not Downtown for "Yellow" (No-Parking, 7am-6pm MON-SAT)

\$25.00 Downtown for "Red" (24hr TOW-AWAY Zone)

\$18.00 not Downtown for "Red" (24hr TOW-AWAY Zone)

NO REFUNDS. OBSERVE ANY PEAK HOUR RESTRICTIONS.

MUST NOTIFY ADJACENT PROPERTIES/STORES WHEN USING PAID PARKING SPACES

I understand that if I knowingly make a false statement or representation in this application, I may be punished by a civil fine of up to five hundred dollars (\$500) or by imprisonment in the City Jail for a term not to exceed six (6) months, or by both such fine and imprisonment. By signing this application I agree to pay all fees involved and to abide by requirements set forth herein.

Date: _____ Signature: _____

Pager or Cell Phone: _____