



CITY OF CLEVELAND
Mayor Frank G. Jackson

INSTRUCTIONS RESIDENTIAL/BUSINESS PARKING PERMIT

CITY OF CLEVELAND
DEPARTMENT OF FINANCE
Division of Assessments & Licenses
601 Lakeside Avenue, Room 122
Cleveland, Ohio 44114

Phone: 216.664.2260

Hours of Operation:
8am to 5pm Weekdays

DALLicenses@city.cleveland.oh.us

When do you need a Residential / Business Parking Permit

Any person or entity wishing to park an automobile, truck, motorcycle or other motor-driven form of transportation in a designated residential permit parking area. These permits are issued to the following persons/entities:

1. A legal resident of the residential permit parking area who has a motor vehicle registered in his or her name, or has a motor vehicle for his or her exclusive use and under his or her control.
2. A person who owns or leases commercial property and actively engages in business activity within a residential permit parking area. However, no more than one (1) parking permit will be issued for each business establishment for a motor vehicle registered to or under the control of such person.

This is an annual permit that expires on June 1st of every year.

City of Cleveland Codified Ordinance Chapter §461, Residential Permit Parking Program

City of Cleveland employees may not provide legal advice to the public. The information provided is for informational purposes only and is not legal advice. For questions regarding the application of a city ordinance or regulation, you should consult an attorney regarding your specific situation.

How to obtain and/or submit a Residential / Business Parking Permit application

- In Person: Cleveland City Hall, Division of Assessments and Licenses, 601 Lakeside Avenue, Room 122, Cleveland, OH 44114. Applications will be accepted Monday-Friday, 8:00am-5:00pm.
- By Mail: Cleveland City Hall, Division of Assessments and Licenses, 601 Lakeside Avenue, Room 122, Cleveland, OH 44114.
- Online: Complete, scan and email the application and required secondary documentation to DALLicenses@city.cleveland.oh.us

What to bring or submit to the Division of Assessments and Licenses

- 1) Completed and signed application.
- 2) A copy of the applicant's current and valid driver's license. **Temporary instruction permits will not be accepted.**
- 3) Proof of Residency – Applicant must provide one (1) of the following items:
 - a. Voter Registration Card
 - b. Current Deed, Lease, or Rental Agreement
 - c. Current Utility Bill (**within thirty days of application**)
- 4) Proof of Vehicle Use or Control – Applicant must provide one (1) of the following items:
 - a. Current Vehicle Title or Registration
 - b. Current Vehicle Insurance Policy
- 5) Completed and signed Residential Parking Affidavit.
 - a. This applies only if the vehicle is not in the applicant's name. The applicant must provide this **signed** statement from the owner giving permission for the applicant to use their vehicle.
- 6) Fee of **\$10.00** - June 1 through December 31 / **\$5.00** - December 31 through May 31. Fee is payable by cash, check, or credit card. Make check payable to the City of Cleveland. For online submissions, an Automatic Payment Authorization form must be completed and submitted via secured fax to 216.420.7804 **prior** to the application being processed.



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**APPLICATION
RESIDENTIAL/BUSINESS
PARKING PERMIT**

**CITY OF CLEVELAND
DEPARTMENT OF FINANCE**
Division of Assessments & Licenses
601 Lakeside Avenue, Room 122
Cleveland, Ohio 44114

Phone: 216.664.2260

Hours of Operation:
8am to 5pm Weekdays

DALLicenses@city.cleveland.oh.us

FEE	
\$10.00 June 1 through December 31	If you submit an application between June 1 and December 31 the cost will be \$10.00.
\$5.00 December 31 through May 31	If you submit an application between January 1 and May 31 the cost will be \$5.00.

SECTION A – APPLICANT INFORMATION

Name			
Address			
City		ST	Zip
Telephone		Email	
Parking Area		Ward Number	
<input type="checkbox"/> Zone 1 – Murray Hill	<input type="checkbox"/> Zone 2 – Hessler	<input type="checkbox"/> Zone 3 – West 81 st Street	
Do You Own or Lease the Property?			

SECTION B – BUSINESS INFORMATION

Name		
Address		
City	ST	Zip
Telephone	Email	
Federal ID or Social Security Number		

SECTION C – VEHICLE INFORMATION

License Plate Number	State
Make and Model of Vehicle	Year
Person or Entity the Vehicle is Registered to	

SECTION D - COMPLETE SECTION BELOW FOR EVERY OWNER, PARTNER, CORPORATE OFFICER, OR SHAREHOLDER (OWNING 25% OF THE BUSINESS OR MORE.).

Name
Address
Name
Address
Name
Address

I acknowledge full understanding that, should I in any way falsify this statement, I would be subject to any fines or penalties as called for in City of Cleveland Ordinance Number 461.

APPLICANT SIGNATURE

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AUTOMATIC PAYMENT AUTHORIZATION

CITY OF CLEVELAND
DEPARTMENT OF FINANCE
Division of Assessments and Licenses
601 Lakeside Avenue, Room 122
Cleveland, Ohio 44114

Phone: 216.664.2174

Hours of Operation: 8am to 5pm Weekdays

Secured Fax: 216.420.7804

Application Type
(i.e. Street Permit, Tow Truck, Vendor)

Applicant / Business Name:

<input type="checkbox"/>	One-Time Transaction Only
<input type="checkbox"/>	Payment Information on File (applicable only to Street Permits)

ACCOUNT HOLDER INFORMATION

Name on Account/Card: _____ Account Address: _____
 Company Name: _____
 Account Holder SSN: _____
 Contact Email: _____ Account Phone: _____

ACCOUNT INFORMATION

Credit Card

Credit Card Type: _____
 Credit Card Number: _____
 Expiration Date: _____

TERMS

I, the above named Account Holder (see "Account Holder Information") authorize the City of Cleveland, Ohio ("City") to automatically charge my account (see "Account Information") or initiate scheduled deductions in the amount due and owing for any permit fee and/or service charges that may already exist or hereinafter accrue. I authorize the financial institution identified by the credit card or routing number (see "Account Information") to accept the charges or post entries to the account stated above. I represent that I am the owner and/or authorized signer of the account. This authorization shall be valid for all future payments that may become due, until this agreement is cancelled.

I understand that the City will not send me a bill before scheduled payments are processed and that it is my responsibility to ensure sufficient credit or funds are available at the time of each scheduled payment. I also understand that in addition to any fees charged by my bank, the City will charge a NSF fee of up to \$25.00 if my payment is dishonored or returned for any reason. On such an event, I may be removed from the automatic monthly payment authorization program in the full and complete discretion of the City. This authorization is to remain in full force and effect until the City receives a written request from me to cancel the authorization or until the City elects to cancel this Agreement.

I understand that if any due date falls on a weekend or holiday, the City will process the payment on the following business day. I agree to hold the City harmless against all claims related to the processing of payments pursuant to this authorization that I may now have or hereafter accrue. By signing below, I acknowledge that I have read and understand this Agreement.

ACCEPTANCE

I, the above named Account Holder, accept, acknowledge, and agree to the terms contained in this authorization Agreement.

OFFICE USE ONLY	
Date Received:	_____
Tracking Number:	_____
Processed By:	_____

Signature _____

Print Name _____

Date _____

Credit Cards Accepted:
Visa, Master Card, American Express, Discover

Rev. 08/2013

Form: B0003



CITY OF CLEVELAND
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PERMISSION TO USE VEHICLE STATEMENT APPLICATION

CITY OF CLEVELAND
DEPARTMENT OF FINANCE
Division of Assessments and Licenses
601 Lakeside Avenue, Room 122
Cleveland, Ohio 44114

Phone: 216.664.2260 Hours of Operation: 8am to 5pm Weekdays DALLicense@city.cleveland.oh.us

SECTION A - INFORMATION

Date	License Type		
Name			
Address			
City	ST	Zip	
Telephone	Email		
Vehicle Make	Vehicle Model		
Vehicle Year	License Plate Number		
License Number	Expiration Date		
Use of vehicle is granted to:			
Name of Applicant			
Home Address of Applicant			
City	ST	Zip	
Vehicle use reason			

SECTION B - DECLARATION

I declare under penalty of perjury that the above information is true and correct. I understand that if this information is found to be fraudulent, the license/permit issued in association with this statement will be revoked.

SIGNATURE OF APPLICANT

State of Ohio
County of Cuyahoga, ss:
_____, being first duly sworn, deposes and states that he/she is the individual making the foregoing application for license(s); that the answers to the foregoing questions and other statements contained therein are true of his/her own knowledge and belief.

Sworn to before me, and subscribed in my presence, this _____ day of _____, 20_____.

Notary seal

Signature of Owner of Vehicle

Notary Public