



## INSTRUCTIONS RESIDENTIAL PARKING PERMIT

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

Phone: 216.664.2264

Hours of Operation:  
8am to 5pm Weekdays

DALLicenses@city.cleveland.oh.us

### **When is a Residential Parking Permit required?**

A parking permit is required 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 who has been granted exclusive use and control of a vehicle by the owner.
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**
3. A short term visitor of a Residential Parking Permit holder. A visitor permit shall be valid for no more than fourteen (14) days from the date of issuance. Residents of a Residential Permit Parking area shall not be issued more than two (2) visitor permits at any one (1) time.

This is an annual permit that expires on June 1.

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 Parking Permit application**

In Person/By Mail: Cleveland City Hall, Division of Assessments and Licenses, 601 Lakeside Avenue, Room 122, Cleveland, OH 44114. Applications are accepted Monday - Friday, 8:00 a.m.–5:00 p.m.

Online: Complete, scan and email the application and required secondary documentation to [DALLicenses@city.cleveland.oh.us](mailto:DALLicenses@city.cleveland.oh.us). For email submissions, an Automatic Payment Authorization form must be completed and submitted via secured fax to (216) 420-7804 prior to the application being processed.

**For a complete list of required documentation, please review the following page.**

**This area has been intentionally left blank.**



# REQUIRED DOCUMENTATION RESIDENTIAL PARKING PERMIT

Phone: 216.664.2264

Hours of Operation:  
8am to 5pm Weekdays

DALLicenses@city.cleveland.oh.us

### Residential Permits

- 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**  
Executed Deed, Lease, or Rental Agreement. The lease must include your name, property address, duration of lease term, landlord's name and signature, and your signature to be valid;
  - ❖ **Subleases and rental sub-agreements will not be accepted. All leases and rental agreements must be between the landlord and tenant, not between a tenant and sub-tenant.**
- 4) **Proof of Vehicle Use or Control – Applicant must provide both of the following items:**
  - Current Vehicle Registration.
  - ❖ Residents who are assigned a company/business vehicle for use must provide a copy of the current vehicle registration in the name of the business or vehicle leasing company **and** a verification letter on the company's letterhead authorizing the use of the vehicle.
  - Current Vehicle Insurance Policy or Proof of Insurance with Applicant listed as Insured.
- 5) **Completed and notarized Exclusive Use and Control of Vehicle Statement (See Page 4).** Not applicable if the vehicle is registered to the applicant. Excludes vehicles in the name of the business or vehicle leasing company.
- 6) **Non-Refundable Fee according to application date:**

|                      |         |
|----------------------|---------|
| June 1 - December 31 | \$10.00 |
| January 1 – May 31   | \$5.00  |

### Visitor Permits

- 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) **Copy of Residential Parking Permit of the Person Visiting.**
- 4) **Current Vehicle Registration.**
- 5) **Current Vehicle Insurance Policy or Proof of Insurance with Applicant listed as Insured.**
- 6) **Completed and notarized Exclusive Use and Control of Vehicle Statement (See Page 4).** Not applicable if the vehicle is registered to applicant.
- 7) **Non-Refundable Fee according to application date:**

|                      |         |
|----------------------|---------|
| June 1 - December 31 | \$10.00 |
| January 1 – May 31   | \$5.00  |

### Business Permits - Only one (1) per business

- 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) **Business Verification. Applicant must present one (1) of the following items**
  - a) Any current business license with address located within parking area.
  - b) Property purchase agreement.
  - c) Tax bill of address within the parking area.
- 4) **If an employee of the business, a notarized statement from the owner of the business listed on the verification provided above authorizing the issuance of a permit**
- 5) **Proof of Vehicle Use or Control – Applicant must provide both of the following items:**
  - Current Vehicle Registration.
  - ❖ Applicants who are assigned a company/business vehicle for use must provide a copy of the current vehicle registration in the name of the business or vehicle leasing company **and** a verification letter on the company's letterhead authorizing the use of the vehicle.
  - Current Vehicle Insurance Policy or Proof of Insurance with Applicant listed as Insured.
- 6) **Completed and notarized Exclusive Use and Control of Vehicle Statement (See Page 4).** Not applicable if the vehicle is registered to the applicant. Excludes vehicles in the name of the business or vehicle leasing company.
- 7) **Non-Refundable Fee according to application date:**

|                      |         |
|----------------------|---------|
| June 1 - December 31 | \$10.00 |
| January 1 – May 31   | \$5.00  |



CITY OF CLEVELAND  
Mayor Frank G. Jackson

**APPLICATION  
RESIDENTIAL PARKING PERMIT**

**CITY OF CLEVELAND  
DEPARTMENT OF FINANCE**  
Division of Assessments & Licenses  
601 Lakeside Avenue, Room 122  
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|                                  |   |   |
|----------------------------------|---|---|
| <b>Date:</b>                     | <b>Permit # (Internal Use Only):</b>              |   |
| <b>Fee:<br/>(Non-Refundable)</b> | From June 1 - Until December 31<br><b>\$10.00</b> | From January 1 – Ending May 31<br><b>\$5.00</b> |

**SECTION A – PERMIT AREA**

|                                    |   |  |  |                           |
|------------------------------------|---|--|--|---------------------------|
| <b>Type:</b><br>(Please check one) | <input type="checkbox"/> Residential                          | <input type="checkbox"/> Business                    | <input type="checkbox"/> Visitor                             | LIST DATES _____ TO _____ |
| <b>Area:</b><br>(Please check one) | <input type="checkbox"/> Zone 1 – Murray Hill Area            | <input type="checkbox"/> Zone 2 – Hessler Road       | <input type="checkbox"/> Zone 3 – W. 81 <sup>st</sup> Street |                           |
|                                    | <input type="checkbox"/> Zone 4 – E. 118 <sup>th</sup> Street | <input type="checkbox"/> Zone 5 – Old Detroit Avenue |  |                           |

**SECTION B - APPLICANT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

**If property is leased, provide the following information:  
(For Residential Permit Applicants Only)**

Property Owner Name/Leasing Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**SECTION C - BUSINESS INFORMATION (COMPLETE ONLY IF APPLYING FOR A BUSINESS PERMIT)**

Business Name: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION D - VEHICLE INFORMATION**

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Person or Entity to whom the Vehicle is Registered: \_\_\_\_\_

**SECTION E - ACKNOWLEDGEMENT**

**I declare under penalty of perjury, that all of the information contained within this application and any accompanying documentation is true and correct. I understand that submitting false or dishonest information could result in license revocation and the issuance of criminal citations and/or prosecution.**

**APPLICANT SIGNATURE**



CITY OF CLEVELAND  
Mayor Frank G. Jackson

**EXCLUSIVE USE AND CONTROL OF VEHICLE  
STATEMENT**

**CITY OF CLEVELAND  
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**SECTION A – INFORMATION**

|                 |   |
|-----------------|---|
| Date:           | Permit Type: <b>Residential Parking</b> |
| Applicant Name: |   |
| Vehicle Make:   | Vehicle Model:                          |
| Vehicle Year:   | Vehicle License Plate #:                |
| Vehicle Owner:  |   |
| Telephone:      | Email:                                  |

**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 permit issued in association with this statement will be revoked. I declare that I am the owner of the vehicle of the foregoing permit application, and I declare that the above-named applicant will have exclusive use and control of the vehicle for the entirety of the licensing period.**

**SIGNATURE OF VEHICLE OWNER**

\_\_\_\_\_

State of \_\_\_\_\_ }

County of \_\_\_\_\_ } ss:

\_\_\_\_\_, was sworn to before me, and subscribed in my presence, this  
(Print Name)

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My notary expires: \_\_\_\_\_