Application No._____

City of Biggs
465 C Street
PO Box 307
Biggs, CA 95917

# APPLICATION FOR
# Parking Permit

| Applicant Information | | |
|---|---|---|
| Applicant | Cell Phone | |
| Street Address | Email: | |
| City | State | Zip |

| | | |
|---|---|---|
| Property Owner | Cell Phone | |
| Address | Email: | |
| City | State | Zip |

| Parking Location Information | Vehicle/Trailer Information |
|---|---|
| Property Address/Location | Make and Model: |
| Assessor's Parcel No. | Total Length, Width, Height: |
| Existing Land Use | GVWR: |
| Present Zoning | License Plate State and Number: |

Attach Each of the Following: -Vehicle/Trailer Registration -(4) Photos, one of each side of vehicle/trailer
-Map depicting parking location. Indicate distance from any intersection
-If renter, proof of rental relationship.

## Required Signatures

I hereby certify that this application and all other documents submitted are true and correct to the best of my knowledge and belief. **I understand that this permit is temporary in nature and that upon expiration of the permit the site shall be restored to its original site condition. I also certify that I am the owner of the above property or have attached the owner's written consent to file this application. I understand that verification of property ownership or interests in the property or application may be required. Parking must be in compliance with Chapter 8.15 and all other aspects of the Biggs Municipal Code.**

| | | |
|---|---|---|
| Applicant Name: | Signature: | Date |
| Property Owner Name: | Signature: | Date |

| *For Office Use Only* | | |
|---|---|---|
| Application Received By | Permit Issued Date: | Receipt No. |
| Date | Permit Expiration Date: | Application Fee $100.00 |
| Permit Approve/Denied by: | | |
| | | Total Fees $<br>(Check payable to the City of Biggs) |