

Business/Visitor One Day Parking Permit Application



ONE DAY PARKING PERMIT for 6m length	\$20 (GST exempt)	Permit Number _____
		LL189

Licensee and Vehicle Details

Ms/Mr/Mrs/Other (please state)		Family Name		Given Name	
No.	Street	Suburb		Postcode	
Mailing Address (if different)					
Tel 1 (Home/Work/Mobile)			Tel 2 (Home/Work/Mobile)		
Vehicle Details: Registration		Vehicle Type		TRUCK or SEMI TRAILER	

Reason for applying for the One Day Parking permit		
Exact location of the proposed parking area		Suburb
Starting	Date ____ / ____ / ____	Time ____ am / pm
Finishing	Date ____ / ____ / ____	Time ____ am / pm

Map or diagram

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Declaration

I declare that the above information is true and correct in every detail and accept all conditions as shown overleaf.

Applicant's Signature _____	Date ____ / ____ / ____
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Conditions of One Day Parking Permit

1. Residents or local business people may obtain a permit for a vehicle which exempts the vehicle from time limits imposed by sign posting such as P2 Minutes, P5 Minutes, P15 Minutes, P1 hour or P2 hours or P4 hour parking limits. However, this permit does not allow you to park your vehicle in “No Stopping”, “Bus Zone”, “Loading Zone”, “Mail Zone” or “Disabled Parking’ zones.
2. This permit is to allow a visitor or business person to attend the residence or business location for one day period.
3. This parking permit shall be clearly displayed on the bottom left hand side of the front windscreen inside the vehicle.
4. The local business person or resident must apply for a business visitor and pay Council’s fees on behalf of the visitor.
5. Details of the parking exact location and the vehicle registration number are required.
6. Any proposed variations or extensions of time are subject to a fresh application and payment of a further application fee.
7. The applicant must pay fees in accordance with Council’s Fees and Charges at the Council’s Customer Service at the Council’s Administration Building, 2 Bryant Street, Rockdale, NSW 2216.

Office Use Only	
Residency status sighted	<input type="checkbox"/> Yes
Regulations Inspectors Advised	Date ____ / ____ / ____
Permit Issued	Signed _____ Date ____ / ____ / ____