

# City of Bloomington Planning and Transportation Department

Tracking	#	
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Phone: (812) 349-3423 • Fax: (812) 349-3520

## ALL-ZONE RESIDENTIAL PARKING PERMIT APPLICATION

Realty Companies

In accordance with Bloomington Municipal Code Section 15.37.190 the Planning & Transportation Department *may* issue realty companies who show properties in the Residential Neighborhood Parking Zones. *Each realty company shall be allowed no more than one* (1) *All-Zone Residential Neighborhood Parking Permit per ten realtors employed by the company*.

The Planning & Transportation Department reserves the right to deny any applicant an All-Zone Residential Parking Permit if the applicant has any unpaid parking citations issued by the City of Bloomington, Indiana.

Any All-Zone Residential Parking Permit issued to the applicant shall only be used when the driver of the vehicle bearing the Permit is actively engaged in the showing of properties which are for sale in the Residential Neighborhood Parking Zone in which the vehicle is parked.

No new All-Zone Residential Parking Permit shall be issued until a current Permit expires. The Planning & Transportation Department will review this application and render a decision in no more than ten (10) business days from the date the application is filed.

#### FOR USE BY CITY OFFICIALS ONLY

Date Received:	<b>Application Complete:</b>		<b>Business Verified:</b>	
	Yes	No	Yes No Staff Initial:	
Parking Ticket Verification	Date:			
Outstanding Parking Tickets	S: Yes	No	Staff Initial:	
Director's Decision: Approval:	proved $\square$	<b>Denied</b> □	Initial:	
Notes:				
Payment type and amount:				
Permit numbers Issued:				
Expiration date of permits:				

## **SECTION A - REQUEST**

How many All-Zone Residential Neighborh	nood Permits are you re	questing?
CECETON B. A DDI ICANE INFORMA	EVON.	
<b>SECTION B - APPLICANT INFORMA</b> Name:	HON	
ivanic.		
Address:		
City:	State:	Zip Code:
Telephone:	Email:	
SECTION C - BUSINESS INFORMATI	ON	
Name:		
Address:		
City:	State:	Zip Code:
Telephone:	Email:	
Secretary of State Business ID:	Federal Tax	ID or Last 4 Digits of SS #:
(If Sole Proprietor right "Sole")		
CECTION D. COMPLETE FOR EACH		CODDODATE OFFICER
SECTION D - COMPLETE FOR EACH OR SHAREHOLDER (OWNING 25% (		
Name:	or The Bosh (Ess o	K MORE)
Address:		
Name:		
Address:		

#### **SECTION E - VEHICLE INFORMATION**

Please list the make, model, year, license plate number, and vehicle identification number of each vehicle to be utilized in your function as a realty company. If you wish to try and register additional vehicles, please attach a separate sheet of paper that lists those additional vehicles (including the make, model, year, license plate number and vehicle identification number).

Make	Model	Year	License Plate #/ State	Color

## **SECTION G-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 All-Zone Residential
Neighborhood Parking Permit(s) issued in association with this statement shall be revoked.
I further declare, under penalty of perjury, that any All-Zone Residential Neighborhood
Parking Permits issued as a result of this application shall only be used when the driver of
the vehicle bearing the Permit is actively engaged in the business of showing properties
which are for sale.

Signature of Applicant	Date