CITY OF IDAHO SPRINGS
1711 Miner St PO Box 907
Idaho Springs, CO 80452
303-567-4421 Fax 303-567-4955

Permit # _____

RESIDENT PARKING PERMIT APPLICATION

Applicant/Tenant: _____
Physical Address: _____
Mailing Address: _____
Phone: _____ Drivers License # _____

VEHICLE INFORMATION

Make: _____
Model: _____
Color: _____
License Plate # _____
Reason for requesting a permit _____
Property Owner/Landlord: _____
Phone: _____ Mailing Address: _____

You must submit a copy of:

- current lease (6 month or greater)
- current registration
- Proof of Insurance
- Valid Drivers License with current address

I understand this permit is for City 24 hour Parking Lots only and is not transferrable. I further understand that my failure to apply for renewal on or before expiration date may result in the issuance of a parking citation

Signature: _____
Applicant Date

Permit Approved ___ Permit Expiration Date: _____
Permit Denied ___ Denied for following reason(s): _____

_____

Signature: _____
Code Compliance Officer Date