OVERSIZED VEHICLE OVERNIGHT PARKING PERMIT APPLICATION: RESIDENTIAL GUEST

Name of Resident:		
Residential Address (Not a PC) Box):	Unit #:
SANTA CRUZ, 950	Daytime Phon	ne #:
Driver's License:	Email:	
Resident applicant must submit a 2. Utility:		esidence address . (SCMC 10.40.120(h)(5)).
		a completed statement of facts form must be stration for the visiting OV must be presented at
4. Registered Owner of Visiting	OV:	
		Unit #:
		e:Zip:
Daytime Phone #:		Driver's License #:
Designated OV User Address:	ent from #3):	Unit #:
City:	State:	Zip:
Daytime Phone #:	State: Dri	iver's License #:
6. Permit issued on:	Permit valid between: -	Permit #
<u></u>		(City staff to complete #2 & 6)
Vehicle Overnight Parking Permit do understand that: (1) a residential gue transferrable to any other vehicle, at parked no more than 400 feet away. "Each oversized vehicle overnig hours." (SCMC 10.40.120(i)(2). "Every person who displays a fr guilty of an infraction for the fir misdemeanor." (SCMC 10.40.120). The permitted oversized vehicle parking permit has been granted	oes not waive compliance with any other apposit permit is valid only for the vehicle license and (2) a residential guest permit is valid <i>only</i> . I have read and understand the following Mught parking permit issued to an out-of-town valuable. I have read and understand the following Mught parking permit issued to an out-of-town valuable. Any subsequent offense committed 20(k).) The must park "at the street curb immediately act, or within four hundred feet". (SCMC 10.40)	
affect public safety, traffic flow,	, bike lanes, or access." (SCMC 10.40.120(h	
I declare, under penalty of perj	ury, that all the statements in this app	lication are true and correct.
Signature	Date	