



**DESIGNATED RESIDENTIAL PARKING AREA IN BALTIMORE COUNTY**

**LICENSE YEAR: August 1 through July 31, \_\_\_\_\_**

Department of Permits, Approvals and Inspections  
 County Office Building  
 111 West Chesapeake Avenue Room 101  
 Towson, Maryland 21204  
 410-887-3616

**PROPERTY INFORMATION SHEET**

(ONE FORM PER PROPERTY ONCE EACH LICENSE YEAR)

*List ALL residents of this property applying for a Residential Parking sticker*

FULL NAME First Name, Middle Initial, Last Name	RELATIONSHIP TO PROPERTY OWNER	APT/UNIT # (IF APPLICABLE)	VEHICLE MAKE	VEHICLE MODEL	YEAR

**PROPERTY OWNER INFORMATION**

**Property Address** \_\_\_\_\_  
(Address must be within a designated residential permit parking area) (Full Address, City, Zip)

**Property Owner(s) Name** \_\_\_\_\_ **Primary Phone No.** \_\_\_\_\_

**Property Owner(s) Mailing Address** \_\_\_\_\_  
(If different than the address above)

**Property Tax No.** \_\_\_\_\_ **Is the Property Owner Occupied?**  YES  NO (If no, complete Resident Agent information)

**Resident Agent** \_\_\_\_\_  
(For property that is owned or managed by a corporation/LLC)

**Total number of persons living on this property who are applying for a parking sticker?** (all units combined) \_\_\_\_\_

\*Note - If three or more unrelated individuals reside at the above address, only two of those residents will be issued an annual residential parking permit on a first-come, first-serve basis. If the property owner can provide evidence that a Zoning "special exception" for a rooming house exists, and the dwelling is not subject to area "A" restrictions then additional permit stickers may be issued.

**PROPERTY INFORMATION AFFIDAVIT**

**I solemnly affirm under the penalties of perjury that (1) the owner identified above is the legal owner of the property and (2) the information provided above is true to the best of my knowledge, information, and belief. I also understand that my failure to fully and honestly complete this form may result in the suspension, revocation, or refusal to issue or to renew parking permit(s).**

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**WITNESS SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Property Information Verified (Date/Initial)** \_\_\_\_\_  MD Tax Assessment  Current Tax Bill  SDAT  Signed Settlement Sheet

**DESIGNATED RESIDENTIAL PARKING AREA IN BALTIMORE COUNTY PERMIT APPLICATION**

50% Late Penalty Fee if Received after July 31 for Renewal Applicants

- New** (1<sup>st</sup> time applicant) **\$32.00**
- Renewal** (2<sup>nd</sup> year Continual) **\$12.00 / Late Fee \$18.00**
- Age 65 or older** (Fee Waived)
- Replacement** \$10.00 Reason: \_\_\_\_\_

**Provide the following required documentation:**  
Valid Driver's License, Valid Vehicle Registration and a Current Lease Agreement (If Renter/Tenant).

\*If THREE or more unrelated individuals reside at the designated residential parking address, only TWO of those residents will be issued an annual parking permit.

**APPLICANT INFORMATION**

Applicant's Name \_\_\_\_\_ Primary Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
(Address must be within a designated residential permit parking area)

Applicant's Driver's License No. \_\_\_\_\_ State Issued \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E-mail Address \_\_\_\_\_

Applicant's relationship to the property owner: (select one)  Self  Spouse  Child  Parent  Other \_\_\_\_\_

(If renter/tenant, are you related to other renter/tenants\* living at this property)  Yes  No

**VEHICLE INFORMATION**

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

License Tag No. \_\_\_\_\_ Registration Exp. Date \_\_\_\_\_ Is this Vehicle Registered to the Applicant:  Yes  No

Name vehicle is registered to \_\_\_\_\_  
(Complete If different from the applicant)

Registration Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
(Complete If different from the applicant)

**TEMPORARY VISITOR PERMITS**

Are you applying for Temporary Visitor Permits?  Yes  No *(If No, skip this section)*  New applicant \$32.00  Renewal applicant \$12.00

One packet per property address. If you have already applied for Temporary Visitor Permits within this license year 8/1-7/31, you are not eligible to reapply for additional permits. You must return the permits used in order to receive additional temporary visitor permits within the license year.

**DESIGNATED RESIDENTIAL PARKING AFFIDAVIT**

I solemnly affirm under the penalties of perjury that the answers to the questions in the foregoing sections, are true to the best of my knowledge, information, and belief, that I have received a copy of the instructions for Obtaining/ Renewing Residential Parking Permits and that I understand that my failure to fully and honestly complete this application may result in the suspension, revocation, or refusal to issue or to renew parking permit(s).

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY**

Vehicle Permit # \_\_\_\_\_ Temp Visitor Permit # \_\_\_\_\_ to Temp Visitor Permit # \_\_\_\_\_

Cash Receipt Date \_\_\_\_\_ Cash Receipt No. \_\_\_\_\_ Parking Area \_\_\_\_\_ Date Issued \_\_\_\_\_

Date Data Entered \_\_\_\_\_ Initials \_\_\_\_\_