

## TEMPORARY OR LONG-TERM PARKING APPLICATION

### CONTACT INFORMATION

Your Name:

Your Address:

Your Phone:

Cell Phone:

E-mail:

Fax Number:

### GLACIER SPRINGS LOT LOCATION

DIVISION:

BLOCK:

LOT:

12 Digit Tax Parcel #:

Glacier Springs Address:

### INFORMATION

Item(s) to be parked:

Parking is to be:  Temporary  Long-term

If Temporary:

Start Date:

Removal Date:

If Long-term:

Start Date:

Removal Date (if any):

Explanation of Need for Parking on lot (including need for long-term, if applicable):

### PLANNED STORAGE/PARKING LOCATION

Describe or indicate with drawing where on your lot item will be placed (attach additional sheet if needed):

### FOR ZONING COMMITTEE USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Received:

All Information Complete: Yes  No

Site Review: Scheduled  Completed

Approved?: Yes  No  Date:

Comments: