

APPLICATION FOR PERMIT

PERMISSION TO PARK IN A PERMIT ZONE PORT AUGUSTA CBD



PortAugusta
CITY COUNCIL

Please complete this form in **BLOCK LETTERS** and return to:

GENERAL INSPECTOR
PORT AUGUSTA CITY COUNCIL
4 Mackay Street, PORT AUGUSTA SA 5700
Phone: (08) 8641 9100 / Email: admin@portaugusta.sa.gov.au

Please ensure that the application form is completed entirely and all requested documentation is attached to avoid delays in processing your application.

Part 1 – Applicant Details

Applicants Full Name [Include Middle Name]:

Business Name: ("The Permit Holder")

Address: (Postal)

Address: (Suburb & Post Code)

Phone:

Email:

Vehicle Registration/s:

Part 2 – Business Activity

List activities of your business which requires parking within a permit zone:

This permit is issued in accordance with Regulation 17 of the *Road Traffic (Road Rules – Ancillary and Miscellaneous Provisions) Regulations 2014* which applies for the purposes of Road Rule 185 (Stopping in a permit zone). The following conditions apply to permits:

1. Permit holders are not permitted to park in Disabled, Taxi Rank and Bus Zones
2. Current permit must be displayed when parking in a permit zone, on passenger side of the dashboard
3. Permits must be renewed on an annual basis
4. Businesses are responsible for submitting their applications for renewal annually
5. Permit zones are for drop off and pick up only – not to be used when undertaking maintenance or any other tasks

I acknowledge that I have read and understand the permit conditions and agree to abide by the said conditions.

Name: _____ Date: _____

Position: _____ Signature: _____

COUNCIL AUTHORISATION

Permit Zone – Permit Fees (per vehicle) T99 – W3040.180.200 ☐ to be invoiced Paid - Receipt Number :

☐ \$11 Administrative Fee [Approval assessment process and issuing of permits]

☐ \$6 per Permit Card Issued – Number of Cards Issued: TOTAL:

Approved: ☐ Yes ☐ No

Expiry Date of Permit:

Authorised Officer Signature:

Date Issued: