

BELLEMEADE OVERNIGHT PARKING PERMIT APPLICATION

Please email this completed application to [publicsafety@bellmeade-ky.gov](mailto:publicsafety@bellmeade-ky.gov). It can also be mailed to the city clerk at 113 Tristan Road, Louisville, KY 40222 for residents without email access.

APPLICANT NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

VEHICLE LICENSE PLATE NUMBER: \_\_\_\_\_

VEHICLE MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_

DOES ANY RESIDENT AT YOUR ADDRESS HAVE A CURRENT BELLEMEADE PARKING PERMIT? \_\_\_\_\_

I have attached the required documents and understand that information is subject to verification:

[ ] Evidence of insurance which is current and paid to date for the motor vehicle for which a permit is sought.

[ ] A current, valid motor vehicle registration issued for the motor vehicle for which the permit is sought.

HOW MANY PARKING SPACES ARE AVAILABLE AT YOUR RESIDENCE IN A GARAGE?

HOW MANY PARKING SPACES ARE AVAILABLE AT YOUR RESIDENCE IN A DRIVEWAY?

LIST LICENSE PLATE NUMBERS ALONG WITH THE MODEL FOR ALL VEHICLES AT YOUR RESIDENCE NOT INCLUDING THE ONE LISTED ABOVE FOR WHICH THE PERMIT IS SOUGHT:

PLEASE DESCRIBE THE CIRCUMSTANCES OF INSUFFICIENT OFF STREET PARKING OR HARDSHIP FOR WHICH YOU ARE SEEKING A PERMIT:

I CERTIFY OR DECLARE THAT THE ABOVE STATEMENTS AND ANSWERS CONTAINED HEREIN ARE TRUE AND CORRECT.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

Approved permits may be obtained from the Clerk after payment of a fee of \$25. Payment does not need to be sent with this application.

FOR OFFICE USE ONLY

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ OFFICIAL NAME \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS OR REASON FOR DENIAL \_\_\_\_\_

DECAL NUMBER \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ BY: \_\_\_\_\_