



381 Shoup Avenue, Suite 207 – Idaho Falls, Idaho 83402 – www.downtownidahofalls.com

ON-STREET TEMPORARY USE PARKING PERMIT - TIME RESTRICTED STREET PARKING ZONES

APPLICATION GUIDELINES AND RESTRICTIONS

The City recognizes the occasional need for the use of parking spaces in restricted zones for a period of time longer than posted or to have additional space. To best accommodate this need, an On-Street Temporary Use Parking Permit program has been implemented. To qualify for a permit, you must meet the eligibility requirements of the program. This parking permit is intended to exempt the user from TIME LIMITED parking ONLY. Permits issued do not exempt vehicles from any other posted restrictions, such as handicapped spaces or posted parking prohibitions during the hours such prohibitions are in effect. Vehicle or other items that will be using this permit must be parked/placed in a space where it is legal to park. It shall not impede traffic or affect public safety.

Please be advised that issuance of an On-street Temporary Use Parking Permit is subject to review and is a privilege and not a matter of right.

The information below represents the terms and conditions that affect your participation in the On-Street Temporary Use Parking Permit program. Please read this information carefully.

1. Permits are \$10.00 (per parking space) for one day on-street permits
2. No more than 6 permits will be issued to any one qualifying address
3. Permits are valid only at the address printed on the application.
4. **Applications for On-Street Temporary Use Parking Permits are available at the 381 Shoup Avenue Idaho Falls ID 83402 - 208-535-0399 Please call before you come to make sure we are in the office.**
5. Vehicles or other placed items in the parking space shall not impede traffic or affect public safety and be confined in one space where it is legal to park
6. On-Street Temporary Use Parking Permits are not valid between 2:00 a.m. and 6:00 a.m.

I certify that I have read and understand the Guidelines and Restrictions for use of On-Street Temporary Use Parking Permits. _____ Initial (Signature required on next page)



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**On-Street Temporary Use Parking Permit Program
APPLICATION**

Address: _____

Contact info: _____

Business Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Day): _____ Alternate #: _____

Number of Spaces Requested: _____

Date Parking Permit Requested: _____

Time frame parking space will be blocked _____ to _____

I CERTIFY OR DECLARE THAT THE ABOVE LISTED INFORMATION IS TRUE AND CORRECT. PROOF OF FRAUDULENT APPLICATION WILL RESULT IN IMMEDIATE DENIAL AND/OR REVOCATION OF PERMITS. I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WITH THE TERMS AND CONDITIONS OF THE TEMPORARY ON-STREET PARKING PERMIT PROGRAM WILL RESULT IN MY PERMITS BEING REVOKED AND I MAY BE SUBJECT TO CITATION OR BEING TOWED AT MY EXPENSE.

Signature of Applicant: _____

Date: _____

Print Name _____

Title _____

Payment received: _____