



ParkHouston

Administration & Regulatory Affairs Department
2020 McKinney, Houston, Texas 77003
832.393.8690 - Office
832-393-8646 - Fax
parking@houstontx.gov
Monday - Friday 8am – 5pm

COMMERCIAL VEHICLE LOADING ZONE PERMIT APPLICATION

Use this form to apply for all commercial vehicles loading zone permit. Your completed application may be mailed or submitted in person to the Parking Management Branch. Include payment by money order, cashier's check, check or credit card with your application. **All delinquent parking citations must be resolved prior to permit approval.**

Name: _____ Phone #: _____
Fax No: _____ Company Name: _____
Company Address: _____ Ste #: _____
City: _____ State: _____ Zip: _____
E-Mail Address: _____
License plate(s) _____, _____, _____, _____, _____, _____

New Application Renewal Replacement

***Permits over \$50 will be assessed a \$29.18 Administration Fee**
***Permits are subject to 8.25% sales tax**
***Class A, B & C permits are valid for 1 year from the date of issuance**
____ **Class A Permit \$1400.99** (Provides for a maximum of two hours of parking in a commercial vehicle loading zone or one to two metered parking spaces)
____ **Class B Permit \$350.25** (Provides for a maximum of one-hour parking in a commercial vehicle loading zone)
____ **Class C Permit \$175.12** (Provides for a maximum of thirty minutes parking in a commercial vehicle loading zone)
____ **Class D Permit \$29.18** - Valid for a period not to exceed twenty-one (21) consecutive days and only one permit per vehicle per 12-month period. Provides for a maximum of one-hour parking in a commercial vehicle loading zone.
____ **Replacement \$29.18** (must provide either HPD stolen report or notarized affidavit with application along with the permit number that was lost/stolen)

I certify under penalty of perjury that the above information is true.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

OFFICE USE ONLY – APPROVAL	TOTAL PERMIT FEES
Name _____ Date : _____	\$ _____

PAYMENT METHOD:
 CASH CHECK MONEY ORDER VISA MASTERCARD DISCOVER
CREDIT CARD # _____ EXP. DATE: _____
NAME ON CREDIT CARD: _____