

PARKING LOT PERMIT APPLICATION

Email the completed application, current business license, and a copy of striping/parking layout to expedite the permit process jcantrell@newnanga.gov.

PROJECT INFORMATION:		
Address of proposed work:		
Business or Development name:		
Description of the proposed work:		
CONTRACTOR INFORMATION:		
Contractor name:		
Contractor mailing address:		
Contractors phone number:	Contractor email:	
REQUIRED QUESTIONS?(CIRCLE YES OR NO)		
<u>Are you changing the configuration of the traffic flow? YES OR NO</u>		
<u>Are you adding impervious surfaces? YES OR NO</u>		
<u>Are you removing any trees? YES OR NO</u>		
Total parking spaces:	Total Handicap Spaces:	Total Ramps/Handrails?

I hereby certify that I have read and examined this application and know the same to be true and correct and that all provisions of federal, state, and local law and ordinances governing this type of work will be complied with whether specified herein or not.

Signature: _____ Date _____

[Type here]

Name on Credit Card: _____

Credit Card Number: _____ Expiration Date: _____

Amex ___ Visa ___ Master ___ Discover _____

3 Digits CVV code: _____

Signature to charge credit card _____ Date: _____