



DAILY VISITOR PERMITS (ZONES F, H, J) – FIRST APPLICATION

1	Name of Applicant: *Mr/Mrs/Miss/Ms	Forename	Surname
2	Address:		Postcode:
3	Daytime Telephone Number:		
4	Type of Premises: (please tick)	<input type="checkbox"/> Residential <input type="checkbox"/> Hotel <input type="checkbox"/> Guest House	
5	Please state the name of Hotel/Guest House:		
6	If Hotel/Guest House, number of letting bedrooms:		
7	Declaration: I have read the Guidance Notes and certify that all the particulars given above are correct and that I am a Resident / Hotel Proprietor / Guest House Proprietor * at the address shown in 2 above.		
	Remittance of £ enclosed (Please make cheques and Postal Orders payable to Plymouth City Council) <div style="text-align: center;">DO NOT ENCLOSE CASH</div>		
	WARNING – Any person knowingly making a false statement for the purpose of obtaining a Residents Parking Permit is liable to a fine not exceeding £1,000(Section 115 (2) Road Traffic Regulation Act 1984)		
	Signature:	Date:	

*Delete as applicable

For counter staff use (attach proof of address):

Receipt No: Amount Paid: Cheque/Cash/Card:

DVP Numbers: