

PARKING SPACES LEASE

(Customer Parking Only, Patient Parking Only, Patient Loading and Unloading Only, Loading Zone Signs and Any Other Related Signs)

PLEASE READ BEFORE COMPLETING THE ATTACHED APPLICATION

1. **A NON-REFUNDABLE APPLICATION FEE OF \$25.00 MUST BE SUBMITTED ALONG WITH THIS APPLICATION.** Applications submitted without the \$25.00 application fee will not be accepted.
2. Upon approval of this application, an **\$80.00** installation fee and the initial sign fee for the first year of **\$125.00** (or \$75.00 if approved after July 1st) must be paid to the City of Hazleton's Code Enforcement Office. No signs will be erected until these fees are paid in full.
3. There is a yearly sign fee of **\$125.00** due between January 1st and January 31st of each year. If the application is granted on or after July 1st of any year, the sign fee will be \$75.00 for the remainder of that calendar year.
4. Please return completed application, along with the \$25.00 non-refundable application fee, to the City of Hazleton's Code Enforcement Office, City Hall, 40 North Church Street, 1st Floor, Hazleton, PA, 18201.
5. **NO APPLICATIONS WILL BE APPROVED UNTIL ALL LICENSES, PERMITS, AND INSPECTIONS HAVE BEEN ACQUIRED BY THE BUSINESS, AND THE BUSINESS IS IN COMPLIANCE WITH ALL HEALTH AND CODE REGULATIONS OF THE CITY OF HAZLETON.**

SIGN APPLICATION NUMBER _____ - _____.
DATE RECEIVED ____ / ____ / ____.

CUSTOMER PARKING ONLY, PATIENT PARKING ONLY,
PATIENT LOADING AND UNLOADING ONLY, LOADING
ZONE, AND OTHER BUSINESS RELATED SIGNS

CITY OF HAZLETON
Code Enforcement Office



40 North Church Street
Hazleton, PA 18201
(570) 459-4925

Code Enforcement Office Use Only

Application#: _____
 Date Issued: _____
 Issue By: _____
 Date Returned: _____
 Status: _____

NON-METERED PARKING SPACES LEASE APPLICATION

(Customer Parking Only, Patient Parking Only, Patient Loading and Unloading Only, Loading Zone Signs and Any Other Related Signs)

****A NON-REFUNDABLE APPLICATION FEE OF \$25.00 MUST BE SUBMITTED WITH THIS APPLICATION****

APPLICANT'S INFORMATION:

APPLICANT'S NAME: _____
 ADDRESS: _____
 PHONE NUMBER: _____ EMAIL: _____

BUSINESS INFORMATION:

NAME OF BUSINESS: _____
 ADDRESS: _____
 PHONE NUMBER: _____ EMAIL: _____

TYPE OF SIGN REQUESTED (please check one):

Customer Parking Only Patient Parking Only Patient Loading and Unloading Only
 Loading Zone Other (please describe): _____

HAVE ALL LICENSES, PERMITS, AND INSPECTIONS BEEN OBTAINED FOR THE BUSINESS, AND PAID IN FULL?

YES NO *If No, please explain: _____

IS THERE OFF-STREET PARKING AVAILABLE FOR YOUR CUSTOMERS/PATIENTS? YES NO

IS THERE METERED PARKING AVAILABLE IN FRONT OF OR NEAR YOUR BUSINESS? YES NO

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY. APPROVED DENIED

*If denied, reason for denial: _____

Date: _____

Signature of Code Enforcement Officer