



CITY OF DURHAM
Transportation Department Parking Systems Division
P.O. BOX 1370 | DURHAM, NC 27702
919.680.2481 | F 919.680.2392
www.DurhamNC.gov

SPECIAL PERMIT APPLICATION
Controlled Residential Parking Area

Return to: City of Durham Parking System Division
P.O. Box 1370
Durham, NC 27702

Phone #: 919-680-2481
Fax #: 919-680-2392

A SPECIAL PERMIT MUST BE REQUESTED BY AN APPROVED RESIDENT OF A CPRA.
\*SERVICE VEHICLE DISPLAYING BUSINESS NAME / INFORMATION ON VEHICLE IS EXEMPT\*
A Special Permit is for a service provider to a CPRA residence or a Temporary Rental Vehicle for a CPRA resident.

APPROVED RESIDENT: \_\_\_\_\_ Date: \_\_\_\_\_
Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Zip: \_\_\_\_\_
Daytime phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

SERVICE PROVIDER INFORMATION

Name of Business: \_\_\_\_\_ Type of Service Provided: \_\_\_\_\_
Business Owner / Manager: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Document used to verify business: \_\_\_\_\_

i.e.: business card; vehicle registration; contract; invoice; payment receipt; \*must bare name of business\*.

Dates of Service: from: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

VEHICLE RENTAL - PROVIDE COPY OF LEASE

Vehicle Rental Company: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dates of Service: from: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

\* MUST PROVIDE COPY OF CURRENT VEHICLE REGISTRATION FOR EACH VEHICLE\*
LIST BELOW EACH VEHICLE YOU WISH TO PERMIT

Name of Driver: \_\_\_\_\_ Registration Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Lic. Plate#: \_\_\_\_\_ State: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Name of Driver: \_\_\_\_\_ Registration Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Lic. Plate#: \_\_\_\_\_ State: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_

BELOW INFORMATION TO BE COMPLETED BY APPLICATION PROCESSOR

Date Received: Mail/Fax \_\_\_\_/\_\_\_\_/\_\_\_\_ In Person \_\_\_\_/\_\_\_\_/\_\_\_\_ Approved By: \_\_\_\_\_ Area: \_\_\_\_\_

Permit #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ if mailed, date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Permit #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ if mailed, date: \_\_\_\_/\_\_\_\_/\_\_\_\_