



DEPARTMENT OF PUBLIC WORKS
Ben Walsh, Mayor

PARKING METER RENTAL PERMIT APPLICATION & INSTRUCTIONS

REQUIRED FOR: Reserved use of a metered parking space(s) within the City of Syracuse.

REQUIRED SUBMITTALS:

- **Parking Meter Rental Permit Application** – signed by Applicant.
- **Application Fee** – \$18.00 per space per day. Non-refundable. Check or Money Order payable to Commissioner of Finance.

TERMS & CONDITIONS:

- Meter spaces or bags will only be issued when needed for the following purposes, or for a purpose approved by the Commissioner of Public Works.
 - The meter is within a designated work zone and appropriate permit is obtained from DPW
 - To place a dumpster, lift truck, dump truck, crane, etc. with appropriate permit from DPW
 - When a street cut is required within the parking area
 - Moving vans required for relocating businesses
 - Social or community events
- At no time are metered spaces or bags to be used on handicapped parking meters.
- It is the responsibility of the applicant to block off requested spaces.
- If bags or cones are needed, they may be picked up at DPW, 1200 Canal St. Ext., Syracuse, NY 13210, Monday-Friday between the hours of 8:00am – 5:00pm on the day proceeding the first day of use. They must be returned no later than 11:00am on the day following the last day of use or Applicant is responsible for the applicable additional charges as follows: 1 bag - \$15.00; 1 lock - \$15.00; 1 key - \$5.00; 1 cone - \$17.00; 1 barricade - \$23.50.

SUBMITTAL INSTRUCTIONS:

- 1) Application and Application Fee must be submitted together. Incomplete or partial applications will not be processed.
- 2) Application and fee must be submitted to the:

Central Permit Office
201 E. Washington St., Room 101
Syracuse, NY 13202
(P) 315-448-4715
CentralPermitOffice@SyrGov.net
www.syrgov.net/Central_Permit_Home.aspx



PARKING METER RENTAL PERMIT APPLICATION

Business Name: _____

Address: _____

Telephone #: _____ **Alternate #:** _____

Contact Person: _____

Contact E-mail: _____

Street Location Needed: _____

____ North Curb ____ South Curb ____ East Curb ____ West Curb

Reason Requested: _____

First Date of Use: ____/____/____ **Last Date of Use:** ____/____/____

Total # Days _____ (excluding Sundays and Holidays)

of Spaces Requested: _____ **Total Fees \$** _____

I certify that the above conditions have been met and that the parking meter bags and cones will not be used to reserve a parking space for either personal or business use.

Applicant's Signature: _____ **Date:** ____/____/____

Please print name: _____

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**FOR OFFICE USE ONLY**

**Approved Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_    **Date Issued:** \_\_\_\_/\_\_\_\_/\_\_\_\_    **Date Expired:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Denied Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_    **Reason(s) Denied:** \_\_\_\_\_

\_\_\_\_\_  
**Commissioner of Public Works:** \_\_\_\_\_