



City of Arcadia

Administrative Services Department

240 W. Huntington Drive

Post Office Box 60021, Arcadia, CA 91066-6021

Ph: 626-574-5465 | Fax: 626-447-6021

Email: parkingpermit@ArcadiaCA.gov

Annual Overnight Parking Permit Application Year 2025

PERMITS ARE VALID JANUARY 1, 2025 THROUGH DECEMBER 31, 2025

\$143 Annual Permit Fee, Per Vehicle (full calendar year)

Prorated: Fee reduced by \$11 each month elapsed or \$44 minimum for last quarter (Oct., Nov., & Dec.)

APPLICATION TYPE (MARK ONE)

PLEASE WRITE LEGIBLY.

☐ NEW

☐ RENEWAL

☐ TRANSFER

NEW PERMIT #

APPLICANT INFORMATION

Name (Last, First, MI):

Telephone Number:

Email Address:

Home Address (Street, City, Zip):

Mailing Address (if different from Home Address):

PARKING SPACES ON PROPERTY

GARAGE SPACES:

☐ one-car garage

☐ two-car garage

☐ three-car garage

☐ Other _____

HOUSEHOLD VEHICLE INFORMATION (LIST ALL VEHICLES)

#	LICENSE PLATE NUMBER OR VIN & STATE	YEAR, MAKE, & MODEL	CHECK VEHICLE TO BE ASSIGNED PERMIT
1			<input type="checkbox"/>
2			<input type="checkbox"/>
3			<input type="checkbox"/>
4			<input type="checkbox"/>
5			<input type="checkbox"/>
6			<input type="checkbox"/>

Transfer of Permit: Should you change vehicles during the year, a new sticker may be obtained at the Cashier's Office for a \$5.00 transfer fee when you bring in the current parking sticker (containing the number) and present it with your application for transfer.

I hereby acknowledge and agree that I have read and fully understand the regulations provided to me concerning the City of Arcadia's Overnight Parking Permit Application.

DECLARATION

Further, I declare under penalty of perjury that there is no parking space available for the above described vehicle, at the applicant's home address listed above, and that no parking space previously provided is now used for any purpose other than the parking of vehicles.

I understand that my permit is subject to Revocation and Administrative Citation(s) if an inspection reveals that false information was submitted on this application.

Applicant Signature:

Date:

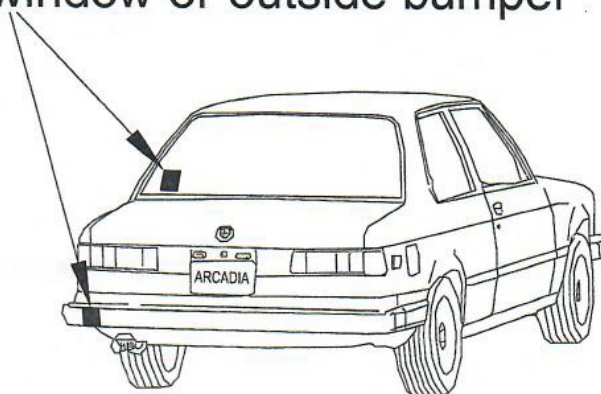
The Arcadia Municipal Code 3214.3 prohibits on street parking between the hours of 2:30 A.M. and 5:30 A.M. unless certain special circumstances arise. This permit is granted for passenger vehicles and trucks under 6,000 lbs. Parked cars must be removed within 72 hours. Additionally, vehicles may not exceed 7 ft. in height or width. **Annual permits for motor homes are prohibited**

DIRECTIONS: Please read and sign the bottom of front page to indicate you understand each statment

- The law allows permits to be granted only where: A) insufficient space exists on your property or apartment area, and B) additional parking space cannot be provided or constructed anywhere on the property, and C) no spaces previously provided for parking have been converted to other uses (e.g., converting a garage to a living or storage space)
- A Permit is only valid for the license number, make and model of the vehicle for which such permit is requested. Permits are issued to motorized passenger vehicles only. Commercial vehicles & RV's are ineligible.
- The parking permit shall be displayed on the driver's side rear outside window or outside bumper (see diagram below).
- Any outstanding parking citations must be paid or the permit will not be issued.
- All Permit Fees are NON-REFUNDABLE. In the event that you receive a permit and it is later determined that you do not meet the above criteria, the permit will be revoked and your application fee will not be refunded.
- Please note, all applications may be subject to a random on-site inspection to verify that all parking spaces are being utilized.
- If you do not qualify under the stated conditions, it is advisable not to apply.

MAKE CHECKS PAYABLE TO: CITY OF ARCADIA

Place sticker on outside window or outside bumper



FOR OFFICE USE ONLY

<input type="checkbox"/> NEW APPLICATION		<input type="checkbox"/> RENEWAL APPLICATION	
Annual Permit Fee: \$143		Date Paid:	Receipt #:
Inspection Date:		Time:	By:
Application Determination: <input type="checkbox"/> Approved <input type="checkbox"/> Denied			
Comments:			
Annual Permit Pro-Rated Fee: \$ _____		Date Paid:	Receipt #:
JAN FEB MAR APR MAY JUN JULY AUG SEPT OCT NOV DEC		Total Months: _____	

<input type="checkbox"/> TRANSFER PERMIT		
Transfer Permit Fee: \$5		Receipt #:
Inspection Date:		By:
Transfer Determination: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Comments:		
Old Permit Number (VOID):		New Permit Number (ISSUED):