

APPLICATION FOR VALET PARKING ZONE PERMITS

CITY OF AKRON PLANS & PERMITS

1030 E. Tallmadge Ave.

Akron, Oh 44320

Office: 330-375-2010

Fax: 330-375-2102

Email: Plans&Permits@akronohio.gov

OFFICE USE ONLY

PERMITS # _____

DATE: _____

BUSINESS/ RESTURANT NAME: _____

BUSINESS/ RESTURANT ADDRESS: _____

SUITE/SPACE# _____

OWNER/ OCCUPANT: _____

PHONE: _____

VALET COMPANY NAME: _____

VALET COMPANY ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

EMAIL: _____

VALET COMPANY INSURANCE INFO: _____

VALET COMPANY INSURANCE EXPIRATION DATE: _____

VALET COMPANY AKRON INCOME TAX DEPT. ID NO. _____

AUTHORIZED SIGNATURE: _____

NOTE: All permit requests are subject to plan review and plans must be submitted to Plans & Permits Center.
Permits may not be picked up the same day as permit request.

Where is the location of the valet zone? _____

Description of occupancy? (e.g. street, parking lane) _____

In the front/rear/side of what building and address? _____

What is the purpose of the valet zone? _____

How will traffic be maintained? Note: Please submit a plan showing Maintenance of Traffic (MOT) _____

Hours of operation

Monday	_____	Friday	_____
Tuesday	_____	Saturday	_____
Wednesday	_____	Sunday	_____
Thursday	_____		

	FEE	TOTAL
<u>Valet Parking Zones</u>		
Daytime 11:00 A.M to 2:00 P.M.	\$150	_____
Evening 5:00 P.M. to 2:30 A.M.	\$300	_____
Special Event	\$50	_____
	TOTAL	_____

GENERAL INFO

- Permittee will need to display permit in a visible location at their valet zone
- The Permittee will be responsible to contact Traffic Engineering at 330-375-2851 for all city issued signs