

8 Long Term Trade Visitors Permit

Applicant details (BLOCK CAPITALS PLEASE)

Title (Mr/Mrs/Miss/Ms) _____ Surname _____ Forenames _____

Status (Resident / Landlord / Owner (if not resident)) _____ Zone (if known) _____

Company Name (if appropriate) _____

Address _____

_____ Post code _____

Daytime telephone no _____ E-mail _____

Property address (if different from above) _____

_____ Post code _____

Details of work to be undertaken (Must be supported with documentary evidence)

Nature of works _____

Start date of works _____ Estimated end date _____

Main Contractor Details: Name _____

Address _____

_____ Post code _____

Telephone (inc. code) _____

I wish to apply for a Long Term Trade Visitor Permit for zone _____ (Price £10 per week or part thereof)

Start Date _____ Number of weeks (maximum 4) _____

9 Permit Essential Visitor (Carer) (A charge may apply, please check eligibility)

Personal details and also complete section 2 (BLOCK CAPITALS PLEASE)

Title (Mr/Mrs/Miss/Ms) _____ Surname _____ Forenames _____

Address _____

_____ Post code _____

Daytime telephone no _____ E-mail _____

Please state your reason for requiring an essential visitor parking permit _____

Please submit with the application an endorsement of your needs from a suitably qualified medical professional, for example a Doctor. **Applications cannot be considered without this.**