

CITY OF SUNNY ISLES BEACH RESIDENT PARKING PERMIT

Application Requirements

Please provide:

- A valid government-issued identification (driver's license, identification card, passport)
- A current car registration and proof of insurance
- Proof of residency (one of the following):
 - Current deed or lease
 - Sunny Isles Beach Resident ID Card
 - Utility bill from within the last 3 months (electric, cable, or phone (not mobile) etc.) with your name and Sunny Isles Beach address

All document name and addresses must match the address on your Resident Parking Permit application. Also, please note that your Resident Parking Permit application and fee moving forward will be effective during January 1 - December 31. Each year you will have to resubmit a Resident Parking Permit application, requirements and application fee.

**For more information, call the Code Compliance
Department at 305.792.1760.**



sibfl.net

Central Island Residential Parking

Category

- 3 Hr Free Parking or Residential Decal
- Handicapped
- No Parking
- Free City Parks Parking
- Residential Decal

Per Section 256-18 of Chapter 256, the maximum time allowed for vehicles qualified for disabled parking, to park in any public parking space within the City, without incurring a fee, is four consecutive hours.

**Residential parking decals must be obtained from the Sunny Isles Beach Government Center, 3rd Floor.



City of Sunny Isles Beach
Code Compliance Department
18070 Collins Avenue, 3rd Floor Sunny Isles Beach, Florida 33160
Phone: (305) 792-1705 Fax: (305) 792-1569



**APPLICATION FOR PARKING PERMIT
RESIDENT- ONLY PARKING PERMIT**

City Code 256-4 – “Parking Authority”

**Non-Refundable \$ 10.00 APPLICATION FEE
\$ 50.00 PER MONTH/\$ 600.00 PER FISCAL YEAR**

Sales Tax Will Apply

DATE ____/____/____

APPLICANT (Property Owner/Tenant)

OWNER'S/TENANT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____ MOBILE _____ EMAIL _____

VEHICLE INFORMATION

LICENSE PLATE NUMBER _____

REGISTRATION NUMBER _____

YEAR _____

MAKE _____

MODEL _____

COLOR _____

DRIVERS' LICENSE # _____

PROOF OF RESIDENCY _____

RULES

- Non-Refundable Application fee: \$10.00 – October 1st through September 30th
- \$ 50.00 per month or \$ 600.00 per fiscal year (**Sales Tax will apply**)
- Fees are non-refundable
- Permits are not transferable
- Alteration fee: \$10.00 per permit

Parking Citations issued for not displaying your parking permit on your dashboard or for displaying the incorrect/expired permit will not be voided

- All parking permits/decals shall be displayed on the inside bottom left-hand corner of the front windshield of the vehicle or in a conspicuously location
- A parking permit/decal shall not guarantee or reserve a parking space nor does a parking permit/decal authorize the stopping, standing or parking of any vehicle in such places and during such times where such stopping, standing or parking is prohibited
- It shall be a violation of this Ordinance for any person to duplicate/counterfeit, or attempt to duplicate/counterfeit, by any means a parking permit authorized herein. It shall be considered a separate violation for any person to display on any vehicle such a duplicate/counterfeit parking permit/decal
- Exclusion of Certain Vehicles. No monthly parking permit shall be issued for vehicles with more than two (2) axles
- An annual Resident Only Commercial/Recreational Equipment Parking Permit/Decal holder shall have the right to park their vehicle(s) under the William Lehman Bridge, within designated area, 24 hours a day 7 days a week, unless otherwise posted on official signage. If the official signage extends or reduces the permissible hours the permit/decal holder shall abide the posted hours
- The City of Sunny Isles Beach is not responsible for any damage or loss that a vehicle or equipment may incur, due to parking underneath the William Lehman Causeway under this permit

**PRINT YOUR NAME
(Property Owner/Tenant)**

**SIGNATURE
(Property Owner/Tenant)**

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Notarized Signature of Property Owner / Tenant		Notarized Signature of Secondary Applicant	
<input checked="" type="checkbox"/> Signature of Business Owner/Tenant		<input checked="" type="checkbox"/> Signature of Property Owner/Tenant	
Date		Date	
Subscribed and Sworn before me this _____ day of _____ (year) _____ by _____		Subscribed and Sworn before me this _____ day of _____ (year) _____ by _____	
Check one: <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification		Check one: <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification	
Type of Identification (if any) _____ _____		Type of Identification (if any) _____ _____	
Notary Public _____ _____	Notary Stamp	Notary Public _____ _____	Notary Stamp
My Commission Expires		My Commission Expires	