

RV Overnight Parking Permit

Permit Fee: \$90.00 – Make check out to City of Sisters. Fee Can Also be Paid by Credit Card.

Return to Public Works Department with Proposed Dates



OCCUPANT INFORMATION

Name(s) of Occupant(s) staying in the right of way:

Street Address (Include Unit Number if applicable), City, State, Zip:

Phone Number:

Email Address:

Vehicle Make, Model, and License Plate Number:

Approval – When you receive approval for your Overnight Parking Permit, the permit must be displayed on the inside window visible from the outside of the vehicle for which such permit applies. The section directly below is for office use only.

Permit Number

Date of Permit Approval:

EXPIRATION DATE:

Date(s) Requested for Overnight Parking (72 hrs. max.):

PROPERTY OWNER INFORMATION

Property Owner Last Name, First

Property Owner Mailing Address

City, State, Zip

Owner Home Number

() -

Owner Cell Number

() -

Representative Information. If the owner does not permanently reside within the Sisters City limits and/or is not available when the property is being permitted, the owner must provide the following information for a representative who may be contacted concerning use of the property (e.g., complaints) related to the overnight parking permit.

Local Representative Last Name, First (or corporation name and contact person as appropriate)

Representative Number

() -

Representative email address

OWNER ACKNOWLEDGMENT

- ☐ I acknowledge that issuance of any overnight parking permit does not constitute assurance that a parking space is available to the permittee. Vehicles may be parked only within spaces designated for parking in a site plan approved by the city.
- ☐ I acknowledge that recreational vehicles may be parked and used for accommodation on the public street and/or within the public right-of-way for up to seventy-two (72) hours pursuant to a permit issued by the city in accordance with this SMC 10.20.140.
- ☐ I acknowledge that upon completion of the city's review of the application and payment of all applicable fees, the city will issue to the applicant an overnight parking permit subject to the provisions of SMC 10.20.140. The permit must be displayed on the inside window visible from the outside of the vehicle for which such permit applies.
- ☐ I acknowledge that in no event may any recreational vehicle and/or any person obstruct or hinder vehicular and/or pedestrian travel in the public right-of-way. No person will create a fire, use a barbeque, set up a tent and/or lawn chairs, sleep on open ground, and/or otherwise block or obstruct the public right-of-way in connection with the use of a recreational vehicle.
- ☐ I acknowledge that upon issuance of the overnight parking permit, the permittee releases the city from and agrees that the city is not (and will not be construed as) responsible for injury to any person or property, damage to any property and/or vehicle, and/or theft of personal property. The city may include such conditions, restrictions, and/or additional obligations in a permit as the city determines necessary and/or appropriate to protect the city and/or the public health, safety, and/or welfare.
- ☐ I acknowledge that no more than four permits may be issued to any property owner in a calendar year. Issuance of a permit under this section will not convey any right, title, and/or interest in the public right-of-way, but will be deemed revocable permission to use the public right-of-way for the limited purposes contained in SMC 10.20.140. City expressly reserves the right to impose such conditions, limitations, and/or restrictions on the use of the right-of-way as city determines necessary and appropriate, and (b) regulate the right to use the public right-of-way for similar or different purposes. An overnight permit is non-assignable and non-transferable.
- ☐ I acknowledge that I have read chapter 10.20.140 in the Sisters Municipal Code.
- ☐ I acknowledge that I have attached a site plan noting address / location of use and depicting how recreational vehicle(s) will be parked.

SIGNATURE

By signing this application, the owner / authorized agent agrees to abide by the Overnight Parking Permit requirements as stated in the Sisters Municipal Code Chapter 10.20.140

The undersigned declares under penalty of law that all information in this application is true.

Signature of Owner or Authorized Representative _____ **Date** _____

Please PRINT Name _____

For Office Use Only

Date

Rec'd by

Receipt #

Amount Rec'd

PW Approval

CMO Approval

License #

Issued

Local Sheriff Notification Sent

Permit Conditions: