



# Office of the City Clerk

Date Filed:

License No:

**City Hall, 38 Hawley Street, Binghamton, NY 13901 607-772-7005**

## **OUTDOOR STORAGE OF UNLICENSED VEHICLE PERMIT APPLICATION**

### Business Information

Business Name: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_

Business Owner Date of Birth: \_\_\_\_\_

Business Owner Home Address: \_\_\_\_\_

Business Owner Phone (Home/Work/Cell): \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone (Home/Work/Cell): \_\_\_\_\_

NYS Motor Vehicle Repair Shop Number: \_\_\_\_\_

NYS Motor vehicle Retail Dealer Number: \_\_\_\_\_

### Vehicle Storage Information

Address of Vehicle Storage: \_\_\_\_\_

Tax Map Parcel Identification Number: \_\_\_\_\_

Proposed Number of Unlicensed Vehicles: \_\_\_\_\_

Number of Repair Bays Located on the Property: \_\_\_\_\_

Reason for Storage of Unlicensed Vehicles:

Law Enforcement Impound

Insurance

Other

If other, please explain: \_\_\_\_\_

I hereby attest that the information provided is true and accurate, that I have received and understand the requirements and restrictions outlined in the City of Binghamton Permanent Ordinance 04-057, and I agree to comply with the information contained therein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**OFFICE USE ONLY**

Renewal: Yes  No

Zoning Classification of Parcel(s):

\_\_\_\_\_

Classification of Nearest Less Intensive Zone:

\_\_\_\_\_

Distance from Property to Nearest Less Intensive Zone:

\_\_\_\_\_

**Approval of Application**

Chief of Fire Bureau/Fire Marshall: Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City of Binghamton Criminal Records Check Completed: Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Planning, Housing and Community Development: Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Building & Construction and Code Enforcement: Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Economic Development: Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Board of Appeals: Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Clerk: Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_