

# On-street permit application form (P1)



Please complete this form, sign the declaration and return with copies of all necessary documents and send or arrange payment as required in section eight. Please refer to the on-street and permit information ([www.n-somerset.gov.uk/onstreetparking](http://www.n-somerset.gov.uk/onstreetparking)) for all applications regarding conditions and charges.

## Section one

Resident permits (max. two)	one month	three months	six months	twelve months
A1 - £20 (tick if required)				
Start date				

A2 - £20 (tick if required)				
Start date				

B (number required)				
Start date				

C (number required)				
Start date				

Heath Worker/ Medical permits	twelve months
Number required	
Start date	

## Section two: your details

<b>Title</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Doc <input type="checkbox"/> Rev <input type="checkbox"/> Other
<b>First name(s)</b>	
<b>Surname</b>	
<b>Surgery/practice name</b> (Health Workers permits only)	

**Address** (for Health Workers/Medical and trade permits this must be your surgery or practise and not the residents address)

<b>Postcode</b>	
<b>Home, business surgery or practise telephone</b>	
<b>Daytime or mobile contact number</b>	

## Section three: vehicle details

(See section six regarding health worker/medical permits)

<b>Registration number</b> (VRN)	
<b>Make</b> (for example 'Ford')	
<b>Model</b> - including type for example (Focus STi)	
<b>Engine size</b> (CC)	
<b>Colour</b>	

## Section four: documentary evidence of residency

(resident permits only)

Please send photocopies not originals (photocopying is available at the Town Hall Library, Weston-super-Mare and is subject to a charge). The following would normally be acceptable. The electoral register may be used to confirm all applicants. Documents must contain the applicants name and address within the eligible charge and enforcement area. **Please send a copy of ONE of the following:**

- Housing Trust rent book
- House/Flat contents insurance confirmation
- Current benefit or pension award
- Utility bill – dated within last three months
- Current council tax bill
- Firearms certificate
- Tenancy agreement (not hand written)
- Confirmation of details on the electoral role
- Other – pre-agreed with North Somerset Council, Parking Services

## Section five: documentary evidence of vehicle owner - resident permits only

- **Please supply a copy (not originals) of V5C registration document and driving licence**

Those should relate to the eligible address within the charge and enforcement area that the permit(s) are being applied for. For company vehicles that may not have the drivers address on the V5C a letter from the vehicle keeper / company will be required.

## Section six: Health Worker/Medical permits only

**Please identify the role of main person the permit will be used by:**

☐ Doctor   ☐ Midwife   ☐ District Nurse   ☐ Other (please specify):

A confirmation letter from the surgery or practise will be required confirming the application.

**Please indicate what you would prefer on the permits.**

If registration number is require please complete section three.

- ☐ Registration only
- ☐ Registration number and surgery/practise name
- ☐ Surgery or practise name only

## Section seven: payment

Payments can be made by cheque, postal order, cash or credit/debit card

**Total amount**

£

Cheques and postal orders should be posted to the Parking Services office with this form and made payable to North Somerset District Council and crossed a/c payee only.

For debit or credit cards payments, we will contact you.

Permits will not be issued until full payment is received and any cheques cleared with the North Somerset Council's bank.

Please note VAT applies to off-street charges and permits but not to on-street charges or on-street permits.

## Section eight: declaration

### Resident's permits

I declare that the address on this application form in section two is my main residence and that I meet the permit application conditions required by North Somerset Council.

I understand it is an offence to dishonestly make a false statement on this form or produce false information or to misuse a permit and in such circumstances an excess charge may be issued which will be liable for payment and the permit cancelled with no refund.

### Health Worker/Medical permits

I declare that the person(s) using this permit meets the permit application conditions required by North Somerset Council and that the permit will only be used when visiting patients in the eligible streets within the charge and enforcement area. I understand it is an offence to dishonestly make a false statement on this form or produce false information or to misuse a permit and in such circumstances an excess charge may be issued which will be liable for payment and the permit cancelled with no refund.

### All permits

I acknowledge that parking incorrectly, failing to display the correct permit or breaching the parking regulations in any way may result in the issue of an excess charge which will be liable for payment, and the permit cancelled with no refund.

**Signed**

**Name**

**Date**

If you need help completing this form contact Parking Services.

**Please forward this application, documents and arrange payment to:**

**Parking Services**

Development and Environment, North Somerset Council, Town Hall, Weston-super-Mare, BS23 1UJ  
Tel: 01934 888 030 (option 3) • email: [parkingservices@n-somerset.gov.uk](mailto:parkingservices@n-somerset.gov.uk)

Opening times:

Monday to Thursday 9.30am to 4.00pm

Friday 9.30am to 3.30pm

**Data protection**

The information that you provide will be used to assess and administer your permit application. It may be disclosed to other relevant departments within the council and the DVLA so we can verify the information you have provided, our service providers for debt recovery purposes, Pen-mobile for data storage and other organisations as required by law.

Information may also be shared for the prevention and detection of crime, for example with the police and other agencies as required by law, such as the Audit Commission under the National Fraud Initiative data matching exercise.

You have the right of access to your personnel information. If you wish to access your personnel information or exercise any of your rights under the legislation then please contact the North Somerset Council Information Governance team on 01934 888 888. Further information can be found on the council's web site: [www.n-somerset.gov.uk](http://www.n-somerset.gov.uk)

Office use only		
Permit type issued	<input type="checkbox"/> Resident <input type="checkbox"/> Health Worker <input type="checkbox"/> Medical	
Valid dates	from	to
Permit number		
Permit issued (date)		
Payment received	£ <input type="checkbox"/> cheque <input type="checkbox"/> postal order <input type="checkbox"/> credit/debit card	
Documents received	<input type="checkbox"/> V5C <input type="checkbox"/> driving licence <input type="checkbox"/> letter <input type="checkbox"/> evidence of residency type:	
Reason for declining		