

Village of Larchmont – Office of the Village Clerk

APARTMENT RESIDENT PARKING – 2020/21

120 Larchmont Avenue, Larchmont, New York 10538

Phone: (914) 834-6230, Press 1



Applicant and Vehicle Information (Please Print or Type)

Name _____ Daytime Phone _____

Address _____ City/State/Zip _____

E-Mail _____ Cell Phone _____

Vehicle Description: Plate # _____ Year _____ Make _____ Color _____

Annual Permits: Good June 1, 2020 – May 31, 2021

Semi-annual Permits: Good June 1, 2020 – November 30, 2020 OR December 1, 2020 – May 31, 2021

Palmer Avenue District – Village of Larchmont Residents Only - Limit: 3 Per Household Lots 4, 7, and 10 only

Type of Permit	Semi-annual	Senior Semi-annual 65+	Annual	Senior Annual 65+
Night Valid: 7 nights/wk 4pm-8am, Saturday 8am- 4pm*	<input type="checkbox"/> \$195	<input type="checkbox"/> \$146	<input type="checkbox"/> \$375	<input type="checkbox"/> \$281
24-hour Valid: 24/7**	<input type="checkbox"/> \$364	<input type="checkbox"/> \$273	<input type="checkbox"/> \$700	<input type="checkbox"/> \$525

*Night permit may be used in Lot 1 until 7am and in Lot 3 until 6am.

**Night portion of 24-hour permit may be used in Lot 1 until 7am and in Lot 3 until 6am.

Boston Post Road District – Village of Larchmont Residents Only - Limit: 3 Per Household Lots 5 and 6 only

Type of Permit	Semi-annual	Senior Semi-annual 65+	Annual	Senior Annual 65+
Night Valid: 7 nights/wk 4pm-8am, Saturday 8am- 4pm	<input type="checkbox"/> \$195	<input type="checkbox"/> \$146	<input type="checkbox"/> \$375	<input type="checkbox"/> \$281
24-hour Valid: 24/7	<input type="checkbox"/> \$364	<input type="checkbox"/> \$273	<input type="checkbox"/> \$700	<input type="checkbox"/> \$525

I Have Attached: (Include all required documents)

- | | |
|---|--|
| <input type="checkbox"/> Copy of Valid Car Registration | <input type="checkbox"/> Check Made Payable to Village of Larchmont |
| <input type="checkbox"/> Proof of Residency | <input type="checkbox"/> Notarized Letter from car owner (if different name) |
| <input type="checkbox"/> Self-Addressed Stamped #10 Envelope (if mailing) | <input type="checkbox"/> Senior Citizen Discount -65+ Valid ID Required |

For Office Use Only

Permit No. _____ CA CK CR Fee Paid \$ _____ Date Issued _____