

Parking Permit Application

(Please print legibly)

Name: _____ Phone #: _____

Home Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Email address: _____

Please check the appropriate box(es):

Employee: Department: _____ Employee ID #: _____

Gross annual salary:

Less than \$30,000

\$30,000.01 - \$50,000

\$50,000.01 - \$70,000

\$70,000.01 - \$90,000

Greater than \$90,000.01

Park-n-Ride lots only (not salary based)

Student: CUID # _____ **All student permits must be permanently affixed to the vehicle. Students may not display a parking permit on another student's vehicle.**

Commuting from off campus

After 4:30 p.m. (Graduate Students Only)

On campus Resident Hall (1 vehicle limit)

Graduate Assistant

Lightsey Bridge (1 vehicle limit)

Bridge Student (1 vehicle limit)

Clemson House (1 vehicle limit)

Thornhill Village (1 vehicle limit)

Calhoun Courts (1 vehicle limit)

Retired Employee

Visitor (1 vehicle limit)

Fike: Annual: _____ Six Months: _____ (Fike permits are valid until June 30th or Dec. 31st)

Builder/Construction Worker (construction parking zones only) (1 vehicle limit)

Motorcycle, Moped or Motor Scooter

Vehicle Tag: _____ State: _____ Make: _____ Model: _____ Year: _____ Color: _____

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Please provide the permit number and expiration date of your current state-issued disability access parking permit if you will use it to park on campus in spaces reserved for disability access.

Permit # _____ State: _____ Expiration month/day/year _____/_____/_____

I agree to abide by the Clemson University Parking Regulations and be responsible for all parking citations bearing a permit number issued to me. I will not transfer my permit to another person.

Signature: _____ Date: _____