



CONTRACTOR PARKING PASS APPLICATION

Please Print Clearly

General Info Needed:

Today's Date: _____

First Name: _____ Last Name: _____

Phone: _____ Cell: _____

E-Mail: _____

Construction Site Info?

Start Date: _____ End Date: _____

Address of Construction Site:

Owner Name: _____

Street Address: _____

Apt./Floor: _____ Zip Code: _____

Vehicle Info

License Plate: _____ Expiration: _____

Year: _____ Make: _____

Model: _____ Color: _____

Required Documentation *(must be attached to application)*

ID/Driver's License

Building Permit

Parking Office Validation Only:

- ID/Driver's License - copy received
 Building Permit

Date: _____

Processed by: _____

Permit Number: _____

Submit Application in person to:

City of Lowell Parking Department

75 John St, Lowell, MA 01852

Hours: Mon. – Fri. 8:00am to 5:00pm

#LOWELL
THERE'S A LOT TO *like.*