

BIRMINGHAM DEPARTMENT OF TRANSPORTATION
9TH FLOOR, CITY HALL 710 20TH ST N, BIRMINGHAM, AL 35203



CITY OF BIRMINGHAM ORDINANCES #23-117 & #23-118

APPLICANT CHECKLIST
COMPLETED APPLICATION
CURRENT AND VALID BUSINESS LICENSE FOR TOWING AND IMMOBILIZATION SERVICE (IF UTILIZING ON THE PARKING LOT)
SIGNAGE PROOF
PROOF OF INSURANCE
FEE SHEET
PAYMENT RECEIPTS
SITE PLAN
PLANNING ENGINEERING PERMITS REVIEW

APPLICATION FORMS AND SIGNAGE INSTRUCTIONS ARE POSTED ON THE BDOT PERMITTING WEBPAGE:

https://www.birminghamal.gov/transportation/permit-applications/



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CITY OF BIRMINGHAM ORDINANCES #23-117 & #23-118 PLEASE TYPE OR PRINT

	nitial Application	Renewal Application	
		Current License #	
APPLICANT INFO	PRMATION:		
Name:			
(Full legal name of a			
Physical Address: _			
City:	State:	Zip Code:	
Phone:	Cell:	Fax:	
Email Address:			
(if different from phy			
City:	State:	Zip Code:	
BUSINESS INFOR	MATION:		
Name:			
(Business Name)			
D/B/A:	the service will be operated if o	different than the legal name)	
D/B/A: (name under which	the service will be operated if o	different than the legal name)	
D/B/A: (name under which the physical Address:			
D/B/A: (name under which the Physical Address:	State:	Zip Code:	
Physical Address: City: Phone:	State: Cell:		
D/B/A:— (name under which in the content of the con	State: Cell:	Zip Code: Fax: Website:	
D/B/A:— (name under which in the interpretation of the interpretat	State: Cell:	Zip Code: Fax:	
D/B/A: (name under which in the content of the cont	State: State:	Zip Code: Fax: Website:	
D/B/A: (name under which in the content of the cont	State: Cell: /sical address) State:	Zip Code: Fax: Website:	
D/B/A: (name under which in the interpretation of the image) Physical Address: City: Phone: Email Address: Mailing Address: (if different from phy) City: THIS BUSINESS IS	State: Cell: /sical address) State: S A:	Zip Code: Fax: Website: Zip Code:	
D/B/A: (name under which in the content of the cont	State: Cell: /sical address) State: State:	Zip Code: Fax: Website: Zip Code: Partnership Corpo	oration, LLC, etc.
D/B/A: (name under which in the content of the cont	State: Cell: /sical address) State: State:	Zip Code: Fax: Website: Zip Code:	oration, LLC, etc.
D/B/A: (name under which in the content of the cont	State: Cell: /sical address) State: State:	Zip Code: Fax: Website: Zip Code: Partnership Corpo	oration, LLC, etc.



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List the names of all company officials, all managers, and all other persons responsible for the operation of the business (attach an

idditional sheet if necce	sary):			
	held by the company offici		usiness that is the subject of the applic persons having a proprietary or profit	
ull Name:	Title:		Stock Amount:	
				_
et all Darking Let addre		e address as listed on each i		
st all Parking Lot addre	esses in operation (include	e address as listed on each i	nsurance policy).	
hysical Address:				
ity:	State:	Zip Code:		
hysical Address:				
•				
•				
	State	Zip couc		
ty:	State:	Zip Code:		
nvsical Address:				
-				
ty:	State:	Zip Code:		
nysical Address: _				
		7in Code:		



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	ods to be used to enforce payment of parking, , and the way that violators will be determined	
PARKING RATE SCHEDULE: (attach additional sheet if neccess	ary)	
Days: (ex: Monday-Friday)	Time of Day: (ex: 8am-5pm)	Fee:
List the hours for storage or park	ing of motor vehicles on the parking lot:	
Will night storage (overnight par	king) be conducted upon the premises:	
List the hours during which any p	parking attendants will be on duty (if applicable	le):



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List the methods of payment the applicant will accept:					
_					
PL	EASE INCLUDE THE FOLLOWING ITEMS WITH YOUR APPLICATION SUBMITTAL:				
1.	If the company is utilizing a towing and immobilization service on the parking lot, the company must provide a City of Birmingham current and valid business license for the towing and immobilization service.				
2.	A proof of the signage to be ordered and placed on-site as required in Ordinance 23-118, Section 19-12-2. Proof can be in the form of signage mock-up(s) and order receipt from sign manufacturer.				
3.	A copy of liability insurance coverage provided directly to the City of Birmingham Department of Transportation (BDOT) and the City Clerk's office from the insurance provider. City Clerk: insurance@birminghamal.gov BDOT: bdot@birminghamal.gov				
4.	Receipt from the Department of Finance showing payment of the application fees required. Please see attached fee sheet for applicable fees.				
5.	 Three (3) copies of a scaled drawing or site plan of EACH parking lot, showing the following: Lot location (including the address and relation to adjoining properties, including public rights of way), design, size, capacity Size and type of construction of attendant's station or pay station, if any 				
	 All walls, barriers or other structures surrounding or enclosing the premises 				
	 Signage placement The location and size of all driveways; and all other design details including plant materials, specification sheets for paving, signs, fencing, and other similar elements. 				
	PLEASE NOTE: A DIGITAL COPY MAY BE SUBMITTED IN LIEU OF THREE PAPER COPIES TO BDOT@BIRMINGHAMAL.GOV				
th	ereby authorize the investigation of all statements contained in this application. I do hereby swear and certify at all information provided is true and correct to the best of my knowledge, and I understand that my license by be revoked without recourse if any are found to be false, pursuant to Ordinance 23-117, Section 12-23-9.				
1	Print Name: Signature:				
	Fitle: Date:				