

**FOR STAFF USE ONLY**

Application Date: \_\_\_\_\_ Received by: \_\_\_\_\_ Permit No. \_\_\_\_\_

Fee \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check No. \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ Date: \_\_\_\_\_

# GARAGE SALE PERMIT APPLICATION

CITY OF PIEDMONT, DEPARTMENT OF PUBLIC WORKS

120 Vista Avenue, Piedmont, CA 94611

Tel: 510-420-3050 Fax: 510-658-3167

SITE ADDRESS: \_\_\_\_\_

DAY(S) & DATE(S) OF SALE: \_\_\_\_\_

HOURS OF SALE: \_\_\_\_\_

Will the items at the sale be:

1. Only from above address above? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Some items brought in from other sites? Yes \_\_\_\_\_ No \_\_\_\_\_

Will the owner conduct the sale or a company?: Owner \_\_\_\_\_ Company \_\_\_\_\_

**OWNER INFORMATION:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**APPLICANT INFORMATION:**

Contact Name(s): \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_