



Temporary No Parking Application for Moving

**CITY OF PHILADELPHIA
STREETS DEPARTMENT
HIGHWAY DIVISION
RIGHT-OF-WAY UNIT**

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Applicant Information

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Confirm Email	
<input type="text"/>	<input type="text"/>	
Phone	Fax	
<input type="text"/>	<input type="text"/>	
Address (House No & Street Name)		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text" value="Please Select"/>	<input type="text"/>

Permit Information

Permit Date	<input type="text"/>	Calendar	Permit Location (House No & Street Name)	<input type="text"/>	Verify
Application Date	7/25/2013		Permit For	Moving truck <input type="radio"/> Storage Container <input type="radio"/>	
Purpose					
<input type="text"/>					