All registrations match address:
Yes or No

Pass Garage Inspection:
Yes or No

Archon Protection

1500 Palma Drive Suite 130, Ventura CA 93003
PPO: 16394

Cash or Check

Permit # _____

Check #_____

2026 Vista Urbana Parking Variance Application

Archon Protection's ***parking variance system*** has been designed to enhance community security and expedite notifications in cases of emergency. Variances will be issued only to Vista Urbana residents under the following circumstances*:

1. You must submit a copy of **each** vehicle's registrations that are listed below.
2. There are a minimum of 3 (three) registered vehicles to the applicant's Vista Urbana household with a two vehicle garage.
3. There are a minimum of 2 (two) registered vehicles to the applicant's Vista Urbana household with a single parking space/garage.
4. Each of the 2-3 vehicles are currently registered with the CA DMV to the applicant's Vista Urbana address.
5. The below application is filled out accurately in its entirety.
6. The resident pays a $40 annual fee to Archon Protection per vehicle requesting a parking variance.
7. **The resident's garage/parking space MUST HAVE one-two of the three registered vehicles (the two non-permitted vehicles) PARKED INSIDE the garage/parking space at the time of inspection or else a permit will NOT be issued.**

Limitations:

a. Parking variances will be limited to 1 (one) per household.
b. Parking variances will not be issued to accommodate storage of non-operating or non-registered vehicles.
c. Parking variances automatically expire on December 31st of the year they are issued.
d. Parking variances may NOT be transferred to any other vehicles than the one they are issued to.
e. Archon Protection reserves the right to revoke any parking variance without notice.

Please fill out the below completely:

Circle One: ☐ **One Car Garage** ☐ **Two Car Garage** ☐ **Reserved Space**

Resident's Name: _____

Address: _____ Phone: _____

Email for Correspondence and Communication: _____

Vehicles Registered to the above address (Must be inside garage/in parking space at time of Inspection)

Color: _____ Make: _____ Model: _____ License#: _____

Color: _____ Make: _____ Model: _____ License#: _____

Vehicles to be issued Parking Variance (Outside Garage)

Color: _____ Make: _____ Model: _____ License#: _____

Signature: _____ Date: _____

Complete applications can be submitted by email to CSR@ArchonProtection.com

*Homeowners with legitimately oversized vehicles are not required to own three vehicles to apply for a parking variance. Proof that the vehicle does not fit must be shown during the garage inspection.