



Parking Utility  
37 North Sussex Street, New Jersey 07801  
Tel: 973-366-2200 Ext: 1100



## ON-STREET OVERNIGHT PARKING PERMIT

On-Street Overnight Parking Permits are Issued by the Town of Dover in 6 Month Increments for the Period of January 1 - June 30 & July 1 - December 31. Submit this Application to the Town of Dover at the Town Hall Information Window.  
On-Street Overnight Residential Permit: \$50 annually, due at the time of application approval (no prorated fees after the cycle begins).

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| Application Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Resident Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Cell Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Address, Including Unit/Apt:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Ward: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Property Info:</b> <input type="checkbox"/> Single- Family <input type="checkbox"/> 2-Family <input type="checkbox"/> Multi-Family (3+ Units) <input type="checkbox"/> Has a Driveway <input type="checkbox"/> No Driveway on Property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Vehicle Type:</b> Sedan/Coupe <input type="checkbox"/> Minivan <input type="checkbox"/> Van <input type="checkbox"/> SUV <input type="checkbox"/> Truck <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>REQUIRED DOCUMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>CONDITIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <ul style="list-style-type: none"> <li><b>Driver's License:</b> (current Dover address must be listed, or the DMV letter reflecting address change must be included with request).</li> <li><b>Copy of Vehicle Registration:</b> (vehicle must be registered in the state of New Jersey and reflect the current Dover address).</li> <li><b>Vehicle Insurance:</b> (current and unexpired).</li> <li><b>New Jersey License Plate Number</b><br/>-----</li> <li><b>Tenants:</b> a copy of the written lease agreement must be presented. (If there is no written lease agreement, then a written notarized statement by the owner of the property must be provided verifying the tenancy).</li> <li><b>Owner Occupied:</b> Deed as to owners of real property or tax bill.</li> <li><b>Utility Bill:</b> A copy of shall be required.</li> </ul> |  | <ul style="list-style-type: none"> <li>The Driver's License, Vehicle Registration and Utility bill must all match the current address listed on the Application.</li> <li>If more than one (1) residential parking permit is requested, vehicle registration MUST be submitted for each vehicle, clearly reflecting ownership.</li> <li>If more than one (1) tenant of the same unit is requesting a permit, each individual tenant must complete an On Street Overnight Parking Request with supporting documentation.</li> <li>It's the resident/tenant's responsibility to notify the Town of the following: <i>Change of vehicle new/used, license change, and moved or new residence/tenants.</i></li> <li>Leased vehicles must provide Proof of Insurance.</li> <li>Decals must be displayed on the driver's side upper left corner of the rear window.</li> <li>Certificate of Compliance must match the name in the application</li> <li>Applicants with a current outstanding balance with the Municipal Court are not eligible to receive a parking permit.</li> <li>Owner-occupied properties receive one (1) free permit, or two (2) free permits if no driveway.</li> </ul> |  |
| Applicant Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Date Submitted:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>**DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY**</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Date Submitted:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Date Received:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>DOCUMENTS RECEIVED &amp; ATTACHED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Block:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Lot:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <input type="checkbox"/> Driver's License <input type="checkbox"/> Vehicle Registration <input type="checkbox"/> Vehicle Registration <input type="checkbox"/> Deed/Tax Bill <input type="checkbox"/> Lease <input type="checkbox"/> C of C <input type="checkbox"/> Utility Bill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Application Received by (print and sign):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Expires End of Cycle: <input type="checkbox"/> One/June 31st <input type="checkbox"/> Two/December 31 <sup>st</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Ward: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Permit #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |