



Department of Public Safety
135 Haddon Avenue
Haddon Township N.J. 08108
856-833-6200

Applicant Instructions for Overnight Parking Permit

Parking Permits may be applied for by **permanent Haddon Township residents** who have a number of vehicles that exceed sufficient off-street parking. Ordinance 223-2 defines insufficient off-street parking as inadequate driveway area, garage space, or other legal off street parking at or near the premises in which a Haddon Township permanent resident resides to accommodate the number of cars owned or leased by the permanent residents of the property, or company cars of which the permanent residents have full time use, so that said vehicles can be legally and safely parked on said property and there is no reasonable ability to expand parking space.

Application must be filled out in its entirety. Copies of the following documents are required to be attached to the application

- Evidence of current car insurance for applicant vehicle
- Current valid motor vehicle registration issued for applicant vehicle
- Applicant's current NJ driver's license exhibiting a **Haddon Township address**

Permits will not be approved if it is found through investigation there is sufficient off-street parking for all vehicles at the residence. Each household is limited to two permits for the vehicles without sufficient off-street parking. Additional proof may be required to obtain more than two permits for residents stating a hardship exists. Permit holder agrees to park in front of or as close as possible to the front of their residence. Permits are valid for one calendar year.



Permit cost is \$25.00 per vehicle and must be paid in **cash or by check** payable to Haddon Township



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Application for Overnight Parking

Vehicle License Plate _____

Applicant Name _____

Applicant Address _____

Telephone # _____

E-mail _____

How many cars are registered to your household? _____

Do you have a driveway? Y/N How many cars fit in the driveway? _____

List all the additional cars' license plates in the spaces below

Reason for permit request _____

Are there any permits issued to this address already? Y/N

Applicant certification: I do hereby certify that the information provided on this application is true and correct and that I, the applicant, am a resident of Haddon Township. I also understand I must park in front of or as close as possible to the front of my residence. I further understand having an overnight parking permit does not excuse me from being parked on any street for more than twenty four hours without said vehicle being moved.

Signature _____ Date _____

Permit #

Paid Cash /Check

Is a police investigation needed? Y/N Investigator's Initials/Date _____
Is the permit approved/denied? Reason for Denial _____