

Residential parking permit application

When to use this form

Use this form to apply for a new residential parking permit or renew an existing one.

If you are a resident within the Hobart municipal area and have no available off street parking you may apply for a permit that will allow unrestricted parking within your designated zone. Permits can be applied for on an annual or temporary basis.

For your application to be considered please provide the supporting documentation listed below:

- a copy of current registration papers OR insurance papers showing the registration number and owners name OR a bill of sale showing the vehicle registration number and owners name
- proof of residency (a copy of a contract of sale OR a lease agreement OR photo identification showing the address OR a bill with the owners name and address)

There are fees associated with these permits. We will let you know the outcome of your application and if approved, we will advise you the amount that is payable. Payment can be made over the phone and is required before your permit is issued.

For further information about residential parking permits visit our [website](#) or contact us on 6238 2711.

Applicant details

First name Required

Last name Required

Email address

Telephone number Required

Residential address

Unit/Street number Required

Street name Required

Suburb (Select 1 option) Required

- Battery Point
- Dynnyme
- Glebe
- Hobart
- Lenah Valley
- Mount Stuart
- New Town
- North Hobart
- Sandy Bay
- South Hobart
- West Hobart

Is this address your postal address? (Select 1 option) Required

- yes
- no

Complete this field if you selected 'no' in *Applicant details: Is this address your postal address?*

Postal address Required

Preferred contact method (Select 1 option) Required

- email
- telephone

If approved, how would you like to receive your permit? (Select 1 option) Required

- by mail
- I will pick up at the Customer Service Centre, 16 Elizabeth Street, Hobart

The information in the field below applies if you selected 'by mail' in *Applicant details: If approved, how would you like to receive your permit?*

Once your application has been approved one of our officers will contact you to arrange for payment over the phone. Postage may take up to 14 business days.

The information in the field below applies if you selected 'I will pick up at the Customer Service Centre, 16 Elizabeth Street, Hobart' in *Applicant details: If approved, how would you like to receive your permit?*

Once your application has been approved one of our officers will contact you and let you know. Payment can be made over the phone at this time or when you pick up your permit.

Application details

What would you like to do? (Select 1 option) Required

- apply for a new permit?
- renew a permit?

Complete this field if you selected 'renew a permit?' in *Application details: What would you like to do?*

What is your current permit ID number(s)? Required

Complete this field if you selected 'apply for a new permit?' in *Application details: What would you like to do?*

What permit type are you applying for? (Select 1 option) Required

- temporary (up to one month)
- annual

Complete this field if you:

- selected 'apply for a new permit?' in *Application details: What would you like to do?*
- and selected 'temporary (up to one month)' in *Application details: What permit type are you applying for?*

What is your preferred start date? Required

(submitting online? Use the calendar icon on the right to select the date)

D	D	M	M	Y	Y	Y	Y
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How many permits do you need? Required

What is your vehicle registration number? Required

Please list all vehicle registration numbers if more than one permit is needed.

Complete this field if you selected 'apply for a new permit?' in *Application details: What would you like to do?*

How many vehicles are registered to your property? Required

How many off street parking spaces do you have on your property? (Select 1 option) Required

- 0
- 1
- 2
- 3
- 4

The information in the field below applies if you:

- selected '2' in *Application details: How many off street parking spaces do you have on your property?*

Or if you:

- selected '3' in *Application details: How many off street parking spaces do you have on your property?*

Or if you:

- selected '4' in *Application details: How many off street parking spaces do you have on your property?*

Or if you:

- selected '1' in *Application details: How many off street parking spaces do you have on your property?*

You will need to provide vehicle registration papers for all vehicles registered to your address and also provide proof of residency.

Complete this field if you:

- selected '2' in *Application details: How many off street parking spaces do you have on your property?*

Or if you:

- selected '3' in *Application details: How many off street parking spaces do you have on your property?*

Or if you:

- selected '4' in *Application details: How many off street parking spaces do you have on your property?*

Or if you:

- selected '1' in *Application details: How many off street parking spaces do you have on your property?*

Attach vehicle registration papers and proof of residency Required



Please attach all files to the end of this form before submitting it.

Supporting documentation

As part of your application please make sure you have attached your supporting documentation as required below.

Proof of residency Required



Please attach all files to the end of this form before submitting it.

Current vehicle registration papers or proof of ownership Required



Please attach all files to the end of this form before submitting it.

Declaration

I have attached the following documents as part of my application: (Select 1 or more options) Required

proof of residency Required

current vehicle registration papers or proof of ownership Required

In making this application: (Select 1 or more options) Required

I declare the information and attachments I have provided are true and correct. Required

I agree to comply with all terms and conditions associated with my permit. Required

I agree that by typing my name below I have signed this application. Required

Name of signatory Required

Date Required

(submitting online? Use the calendar icon on the right to select the date)

D	D	M	M	Y	Y	Y	Y
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For information on how Council manages, handles, and protects personal information it collects please refer to the [Privacy Statement and Policy](#).

End of form

Don't forget to attach all files before submitting this form