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).

If you are applying for a temporary permit you may be asked to provide a letter of consent from the person who lives at the property. This may happen for circumstances such as trade works or housesitting.

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
по

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
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?
Dnce your application has been approved one of our officers will contact you to arrange for payment over the phone. Postage may take up o 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 his 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	e you applying for? (Select 1 option) Required
temporary (up to o	one month)
annual	
Complete this field if	you selected 'temporary (up to one month)' in Application details: What permit type are you applying for?
Why do you need a f	emporary permit? (Select 1 option)
I am doing home	trade works/renovations
I am housesitting	
Someone is hous	ecitting for me
I have family visiti	
I have a temporar	y venicle
other	
Complete this field if	you selected 'other' in Application details: Why do you need a temporary permit?
Please specify your	reason Required
ne information in the fie	ld below applies if you:
	ng home trade works/renovations ' in Application details: Why do you need a temporary permit?
r if you:	
2	isesitting' in Application details: Why do you need a temporary permit?
ase note that consent	is required from the person who lives at the property before we are able to assess your application.
Complete this field if	
e coloctod 'L om	doing home trade works/renovations ' in Application details: Why do you need a temporary permit?
Or if you:	housesitting' in Application details: Why do you need a temporary permit?

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

	oply for a new permit?' in Application details: What would you like to do?
 and selected 	d 'temporary (up to one month)' in Application details: What permit type are you applying for?
What is your prefe	erred start date? Required
(submitting online? L	Jse the calendar icon on the right to select the date)
D D M	M Y Y Y Y
How many permits	s do you need? Required
What is your vehic	cle registration number? Required
ease list all vehicle re	egistration numbers if more than one permit is needed.
Complete this field	l if you selected 'apply for a new permit?' in Application details: What would you like to do?
How many vehicle	es are registered to your property? Required
How many off stre	eet 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:

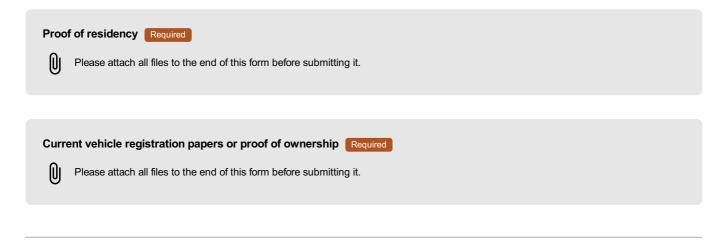
• selected '1' in Application details: How many off street parking spaces do you have on your property?

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

•	selected '2' in Application details: How many off street parking spaces do you have on your property?
if yo	bu:
•	selected '3' in Application details: How many off street parking spaces do you have on your property?
or if yo	bu:
•	selected '4' in Application details: How many off street parking spaces do you have on your property?
or if yo	bu:
•	selected '1' in Application details: How many off street parking spaces do you have on your property?

Supporting documentation

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



Declaration

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
In making this application: (Select 1 or more options) Required declare the information and attachments I have provided are true and correct. Required l agree to comply with all terms and conditions associated with my permit. Required l agree that by typing my name below I have signed this application. Required Name of signatory 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
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
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
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
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

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