



The City of Niagara Falls
 Community Services Department
 Transportation Services
 4310 Queen Street, P.O. Box 1023
 Niagara Falls ON L2E 6X5
 tpservices@niagarafalls.ca

Pre - Approval



OVERNIGHT PARKING PERMIT APPLICATION

Please complete all information. **PLEASE BRING VEHICLE OWNERSHIPS/PROOF OF RESIDENCY WITH YOU** (See Rule #1) Incomplete applications will be returned to the applicant, thereby causing undue delays in processing. **PRINT CLEARLY.** See reverse side for applicable rules and regulations.

Applicant: _____
Mr. / Mrs. / Miss / Ms. First Name Last Name

Home Address: _____ Unit: _____ Postal Code: _____
Number Street

Own Property Rent/Lease: Total Number of Units: _____ Other: _____

Home Phone: (_____) _____ Business Phone: (_____) _____ Extension: _____
Area Code Area Code

Current/Most Recent Overnight Parking Permit (if applicable): _____
Permit Number Expiration Date

License Plate(s) for Overnight Permit
 (maximum 4 license plates per permit): _____

Detailed Reason for Request: _____

Dwelling Type: Single Family Detached Apartment/Condominium Home/Business
 Multiple Family Dwelling Townhouse Commercial Property
 (Duplex/Triplex, etc.) Other: _____

Total number of motor vehicles registered to the above address: _____ motor vehicles
 (DO NOT INCLUDE RECREATIONAL VEHICLES)

Include all other plate numbers not noted above: _____

Do you have a garage? YES NO If YES, capacity of garage: _____ motor vehicles

Do you have a driveway? YES NO If YES, capacity of driveway: _____ motor vehicles

Do you have access to the above parking? YES NO If NO, explain: _____

Are there any parking restrictions, fire hydrants, road curves, intersections in the immediate area of the above address (explain): _____

Additional Information: _____

Signature: _____ Date: _____

PERMITS ARE FOR THE USE OF PARKING SPACE ONLY. THE CITY OF NIAGARA FALLS ASSUMES NO RESPONSIBILITY WHATSOEVER FOR THE LOSS OR DAMAGE TO THE CAR OR THE CONTENTS HOWEVER CAUSED.

Application & Deposit Received by: _____ Date: _____ Cash Cheque DC

Deposit (Minimum \$25.00): \$ _____ Balance: \$ _____ Cash Cheque DC

Permit(s) Picked UP by: _____ Signature: _____

OVERNIGHT PARKING PERMIT APPLICATION

Please read this information before submitting your application for a residential on-street overnight parking permit.

1. All information provided is strictly confidential. (**Proof of residency and a copy of each vehicle ownership is required** at the time of application. Both documents must contain your name and correct address. If neither shows your correct address, you must present either a formal lease agreement, utility bill or purchase & sale agreement showing the address where the permit is being sought prior to the permit being issued)
2. Overnight parking permits are issued to homeowners that do not have the ability to park all their motor vehicles off the street at night. The existing parking and traffic by-law prohibits on-street parking between the hours of 2:00 a.m. and 6:00 a.m. throughout the entire year, unless the motor vehicle has a valid overnight parking permit. **All permit applications are reviewed on an individual basis and approvals are based on hardship and are not granted solely for convenience.**
3. Overnight permits are \$56.50 (including applicable taxes). A minimum \$25.00 deposit is required at the time of application. Payments must be made by cash or cheque only. Your deposit is reimbursed if your permit is not approved. However, if you withdraw your application, a \$25.00 administration fee is retained by staff. The permit is valid for one year upon approval.
4. All information on the application form must be completed before it is processed. Indicate in detail the reason for your request for on-street overnight parking. All overnight permit applications are subject to a site review by staff. The site review consists of measurements, parking sign review, photographs and an inventory of available parking spaces at the subject property. Garages are counted as parking spaces. Allow 1 week for processing. Parking overnight is not permitted until such time as permit is issued.
5. The vehicle displaying an overnight permit must be an automobile, station wagon, van, pickup, or other vehicle that is not registered as a commercial motor vehicle. Vehicles registered as commercial vehicles but have motor vehicle permits which the Ministry of Transportation has stamped the words "Primarily Personal/Recreational Use" or "P.U.O." are also accepted. Trucks, buses, or vehicles exceeding 21 feet are not permitted in any case. All vehicles must display a valid Ontario license plate.
6. **Recreational vehicles such as boats, snow mobiles, marine crafts, sea-doo's, campers, trailers, etc... are not considered as motor vehicles for the purposes of this permit, and as a result, are not included in the review of this permit.**
7. If you reside on a street when parking is prohibited at all times on both sides of the roadway, indicate on the front of this form in the *Additional Information* section your preferred on-street parking location. If you reside on a corner property and prefer to park at the side of your residence, please indicate your preferred parking location, provided that parking is permitted on the secondary roadway.
8. Applicants that reside in an apartment building, townhouse, condominium, or any other medium to high density dwelling must submit with the completed application form, in writing on official company letterhead, a letter from the property manager stating that there is no space available to park the applicant's vehicle(s) on the said property at night.
9. Please direct inquires to Transportation Services at (905) 356-7521, ext. 5208 or 4225 or by e-mail at tpservices@niagarafalls.ca

Staff Use Only	Approved (Y/N): _____	Reviewed By: _____	Review Date: _____
Approved Location:	_____ side of _____	between _____	and _____
Number of parking spaces:	_____	Driveway: _____	Garage: _____
Comments:	_____ _____ _____		
Proof Of Residency:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Proof Of Vehicle Ownership:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorization:	_____		Date: _____