



The City of Niagara Falls
 Transportation Services Department
 Parking Services
 7150 Montrose Rd, Unit #1
 Niagara Falls, ON L2H 3N3
 tpservices@niagarafalls.ca

PERMIT #

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
<input type="checkbox"/> Own	<input type="checkbox"/> Property Rent/Lease: Total Number of Units: _____	<input type="checkbox"/> Other: _____
Home Phone: () _____	Cell: () _____	Email: _____
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: <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Apartment Condominium <input type="checkbox"/> Home/Business <input type="checkbox"/> Multiple Family Dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> Commercial Property <input type="checkbox"/> Other: _____			
Total number of motor vehicles registered to the above address: _____ motor vehicles. Include all other plate numbers not noted above: Do you have a garage? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, capacity of garage: _____ motor vehicles Do you have a driveway? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, capacity of driveway: _____ motor vehicles Do you have access to the above parking? <input type="checkbox"/> YES <input type="checkbox"/> 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: _____			
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: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Debit
Deposit (Minimum \$25.00): \$ _____	Balance: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Debit
Permits(s) Picked UP by: _____	Signature: _____			

PERMITS NOT VALID DURING PLOUGHING/SANDING/SALTING OPERATIONS
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. Permit approval is based on hardship for parking availability and multiple vehicles registered to a person that are recreational or secondary vehicles will not be classed as hardship.
3. Overnight permits are \$100.00 (including applicable taxes). A minimum \$25.00 deposit is required at the time of application. Payments must be made by cash, debit 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 full payment of permit.
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, 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. 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.
7. Applicants that reside in an apartment building, townhouse, condominium, or any other medium to high density dwelling must submit with the completed application form, a letter from the property manager on official company letterhead stating that there is no space available to park the applicant's vehicle(s) on the said property at night.
8. Please direct inquiries to Transportation Services at (905) 356-7521, ext. 4960 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: _____