



HOBOKEN DEPARTMENT OF TRANSPORTATION & PARKING
94 Washington Street | Hoboken | New Jersey | 07030 | 201.653.1919 | www.hobokennj.org

Driveway Parking Permit Application

Date _____

PROPERTY OWNER

Name _____
(LAST NAME) (FIRST NAME) (MIDDLE INITIALS)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ E-MAIL ADDRESS _____

LOCATION _____

VEHICLE IS INFORMATION:

YEAR _____ MAKE _____ MODEL _____

LENGTH OF VEHICLE: _____ (FEET) LICENSE PLATE _____ STATE _____

FEE: _____ CASH { } CHECK { } MONEY ORDER { } CREDIT CARD { }

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

WIDTH OF DRIVEWAY: _____ INSPECTOR: _____

IS VEHICLE LENGTH LESS THAN DRIVEWAY WIDTH? YES / NO

COMMENTS:

THIS FORM MUST BE RETURNED

Dawn Zimmer
Mayor

Ian Sacs, P.E.
Director