

<b>Overnight Parking Permit Application</b> >Only 1 vehicle per application< *****ALL QUESTIONS NOT SHADED IN GRAY MUST BE ANSWERED TO PROCESS THE APPLICATION*****					
Date & Time Rec'd by MPD		Rec'd By			
APPLICANT					
HOME ADDRESS	(street address) _____				
	Maplewood, MN Zip Code _____				
EMAIL			PHONE		
Dates permit requested for:	From			To	

**CHECK ALL THAT APPLY (REQUIRED)**

<input type="checkbox"/> House	<input type="checkbox"/> I OWN my residence	<input type="checkbox"/> 1-car garage
<input type="checkbox"/> Duplex	<input type="checkbox"/> I RENT my residence	<input type="checkbox"/> 2-car garage
<input type="checkbox"/> Apartment	<input type="checkbox"/> I have NO garage	<input type="checkbox"/> 3+ car garage

**VEHICLE and PREMISES**

Year, Make, and Model		License plate number and state (failure to list plate number will significantly delay the process)	
How many <u>licensed drivers</u> are in your household?		How many <u>vehicles</u> are in your household?	
How many <u>off-street</u> parking spaces are available? (garage & driveway)		Is this a commercial or business vehicle?	
Have you received a permit in the past? (Y or N)		If so, please list the permit number:	
Do you have a medical condition that should be considered? Please explain:			
What is the reason for the long term overnight parking permit request?			

- I have read and understand the restrictions of the overnight parking permit.
- I have had the opportunity to ask questions about the overnight parking permit.
- I understand that the overnight parking permit is valid for the period of time indicated on the permit.
- I agree to abide by the restrictions of the overnight parking permit and understand that if I violate any of the restrictions my permit may be voided and/or parking citation(s) may be issued.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date



Inspected on:		at		hrs	by		Zone	
Inspection notes:								
Check One	<input type="checkbox"/> <b>Permit DENIED</b> based on information submitted plus survey of location							
	<input type="checkbox"/> <b>Permit GRANTED</b> based on information submitted plus survey of location							
	<input type="checkbox"/> <b>Contact applicant for more information</b> before granting or denying.							
<i>Specifically:</i>								
<b>PERMIT IS:</b> <input type="checkbox"/> <b>GRANTED</b> <input type="checkbox"/> <b>DENIED</b> (copy of letter attached)								
Applicant contacted on:		at		hrs	by			
2 <sup>nd</sup> attempt to contact:		at		hrs	by			
3 <sup>rd</sup> attempt to contact:		at		hrs	by			
Permit or denial letter sent by US Mail on:						by		
OR Permit prepared for pick-up at MPD on:						by		

