City of New Haven: Traffic and Parking Department

200 Orange Street- New Haven, CT 06510 - Phone: 203-946-8075

Print and Submit this page if complete. If not complete, please go back and update form.

Residential Parking Zone Permit Application

Instructions:

- 1. Fill out form below
- 2. Review and print form. You must print a SEPRARATE form for each vehicle permit requested.
- 3. Date and sign printed form.
- 4. Attach proof of New Haven residence (bill or lease).
- 5. Attach a photocopy of the current vehicle registration. (Not required if you are applying for a visitor parking permit only).
- 6. Mail application, and current vehicle registration to:

Accounts Receivable/City of New Haven

PO Box 1802

New Haven, Ct 06507

Your application will be rejected if:

the application is not completed as required
you are not eligible to apply
you owe property tax on any vehicle
you owe for parking violations on any vehicles
the vehicle is not properly registered
the copy of the current vehicle registration is not attached
you do not reside in an established zone
the vehicle has a gross weight of more than one half ton
the application or current vehicle registration contains false or inaccurate information

Application Information Last name: _____ First name: ____ Residence Street #: Street Name: Flr/Apt. #: State: Connecticut Res. Phone #: _____ Work Phone #: **Vehicle Information** Plate #: _____ Year: _____ Make: _____ Model: _____ Color: _____ Body/ Style: ____ Please describe any additional vehicles associated with the household/dwelling unit below. (Applicants can register no more than two cars per household for permits and may receive no more than 3 visitor tags per household.) Plate #: Year: Make: Model: _____ Color: _____ Body/ Style: _____ Plate #: _____ Year: Make: Model: _____ Color: _____ Body/ Style: _____ Number of Visitor Passes Requesting, (no more than 3): I HEREBY CERTIFY UNDER THE PENALTY OF FALSE STATEMENT THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. Signature: _____ Date Signed: _____

Attach ALL Documents Below

THIS PORTION IS FOR OFFICE USE ONLY

	Check One		Checked By:
File Fee Enclosed	Y	N	
Car Reg. Attached	Y	N	
Car Tax Current	Y	N	
Tickets Paid	Y	N	
Address in Zone	Y	N	
Applicant Approved	Y	N	
Other:			
Zone #:			
Permit #:			
Date Mailed:			