



TOWNSHIP OF WASHINGTON POLICE DEPARTMENT OF PUBLIC SAFETY

350 Hudson Avenue, Township of Washington
County of Bergen – New Jersey 07676
Phone # 201-664-1140
Fax # 201-664-2959

WWW.WASHTWPPOLICE.ORG



Arsenio Pecora
Chief of Police

James Giblin
Director

Exceptional Hardship Parking Permit Conditions:

Please be aware that submitting an application does NOT guarantee a permit will be issued.

1. Must provide proof of residency
2. Must provide valid vehicle registration for **all** vehicles at your residence.
3. Must provide copies of Driver's Licenses for **all** residents.
4. One permit shall be issued per each vehicle and **CANNOT** be transferred between vehicles.
5. Maximum of 2 permits per residence.
6. A home inspection will take place once application is submitted, before approval.
7. Once approved, a fee of \$100 is due upon receipt of your permit. **Do not pay until contacted and informed that the application has been approved, refunds will not be issued.**
8. Permit is to be displayed on the rearview mirror, in a clear, visible manner.
9. An exceptional hardship parking permit SHALL NOT supersede any "emergency regulations" for street parking which include snowstorms, or emergency declarations.
10. This permit is annual, and expires at the end of the calendar year in which it was issued.

Signature: _____ Date: _____



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John Calamari
Chief of Police

James Giblin
Director

Exceptional Hardship Parking Permit Application

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Reason for Permit:

- Medical Necessity / Infirmary
- No driveway
- Work Hours
- More vehicles than fit in driveway
- Other: _____

Vehicle Information for Permit:

Make: _____ Model: _____ Year: _____

License Plate: _____

Copies of **ALL** household vehicle registrations attached? Y / N

Copies of **ALL** residents' driver's licenses attached? Y / N

Proof of residency attached? Y / N

I, _____, understand that submitting this application does NOT guarantee a permit will be issued.

Signature: _____ Date: _____

-----**ADMIN USE ONLY**-----

APPROVED **DENIED** Signature: _____ Date: _____