

**Borough of Franklin**  
**APPLICATION FOR OVERNIGHT PARKING PERMIT**  
**RESIDENT FEE: \$0.00**  
**NON-RESIDENT FEE: \$50.00**  
**COMMERCIAL FEE: \$200.00**

**Permit # \_\_\_\_\_**

1. Resident:    yes             no
2. Name and address of the applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Phone number of the applicant, including emergency contact number:  
\_\_\_\_\_  
Emergency contact number: \_\_\_\_\_
4. Vehicle Description: attached copy of registration  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Plate # \_\_\_\_\_  
Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

**NOTICE TO APPLICANT**

1. The Borough of Franklin is not responsible for any damage done to vehicle.
2. Vehicles must be removed within 12 hours after snowfall.
3. Failure to exhibit a permit between 2 AM and 6 AM will result in vehicle being towed.
4. Vehicles with a gross vehicle weight of 30,000 pounds are prohibited.

I acknowledge that all information and representations made in this application are true and accurate. I certify that I will abide by all of the provisions of Ordinance 7-2002. I understand the Borough, its employees, officers and agents shall be held harmless from all loss, damage, claim or expense arising from the permit.

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please send a check (made out to "**Franklin Borough**"), a copy of your Drivers License and Vehicle Registration along with a self-addressed stamped envelope to:  
**Franklin Borough, 46 Main Street, Franklin, NJ 07416**

*For Official Use Only*

Application Fee Paid: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Permit #: \_\_\_\_\_ Date Issued: \_\_\_\_\_