

Parking permit application (general exemption)

When to use this form

Use this form if you need to park in any street within the Hobart municipal area despite there being parking restrictions in order to assist with building construction or special deliveries. These permits are issued on a one off basis.

Fees apply to this permit, please refer to our current [fees and charges](#). Payment of fees will be required before a permit will be issued. The City will contact you to advise the required fees and how payment can be made.

Applicant details

First name Required

Last name Required

Organisation or business name

Email address Required

Telephone number Required

Address Required

Postcode Required

Preferred contact method (Select 1 option) Required

- email
- telephone
- Australia Post

Vehicle and application details

Start date Required

(submitting online? Use the calendar icon on the right to select the date)

D	D	M	M	Y	Y	Y	Y
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End date (if the permit is needed for more than one day)

(submitting online? Use the calendar icon on the right to select the date)

D	D	M	M	Y	Y	Y	Y
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Would you like the permit for: (Select 1 option) Required

- up to 4 hours?
- a full day?

Complete this field if you selected 'up to 4 hours?' in *Vehicle and application details: Would you like the permit for:*

Start time Required

Complete this field if you selected 'up to 4 hours?' in *Vehicle and application details: Would you like the permit for:*

End time Required

Vehicle registration number Required

Why do you need to apply for an exemption permit? Required

What is the location where you want to park? (e.g. street and frontage address and if available the time limit of parking) Required

Declaration

In making this application: (Select 1 or more options) Required

- I declare that the information I have provided is true and correct. Required
- I am aware that the permit will only be valid where indicated within the City of Hobart. Required
- I agree to pay the prescribed fee for the permit. Required
- I agree that by typing my name below I have signed this application. Required

Name of signatory Required

Date Required

(submitting online? Use the calendar icon on the right to select the date)

D	D	M	M	Y	Y	Y	Y
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For information on how Council manages, handles and protects personal information it collects please refer to the [Privacy Statement and Policy](#).

End of form