

**BOROUGH OF FRANKLIN  
APPLICATION FOR OVERNIGHT PARKING PERMIT  
RESIDENT FEE: \$50.00 per year**

**NON-RESIDENT FEE: \$300.00 PER YEAR  
VISITOR: \$10.00 PER DAY  
COMMERCIAL VEHICLES \$250.00 PER YEAR**

**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 and insurance card:  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Plate # \_\_\_\_\_  
Drivers License Number \_\_\_\_\_ State \_\_\_\_\_
5. If a visitor list date of stay \_\_\_\_\_.

**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: \_\_\_\_\_

*For Official Use Only*

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

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

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