



Controlled Parking Application Form

Please answer all questions as fully as possible. The answers provided will enable officers to accurately assess your application and prioritise for a potential scheme. Please be aware that should the application be unsuccessful, another application will not be accepted for a period of two years.

Name:

Address:

Email Address:

Date:

1. Define the area including address and postcode. Attach map if possible, showing the road(s) affected.

2. Outline the key issues and problems relating to parking.



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3. Identify which problems the area has.

Resident vs. commuters		Residents vs. Residents	
Residents vs. Shoppers and other short-term users		Residents vs. Parking restrictions	
Other			

4. What are the times of congestion?

All Year		Seasonal	
Every day		Weekdays	
Mon- Sat		Evenings/Weekends	

5. What percentage of the spaces would you say are occupied by non-residents during the times of congestion?

Over 60%		More than 30%		Less than 30%	
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6. What restrictions would be effective?

8:30am – 5:30pm Monday to Saturday – Permit Holders or 2 Hours No Return for 4 Hours	
8:30am – 5:30pm Monday to Sunday – Permit Holders or 2 Hours No return for 4 Hours	
Other; Please, give details;	



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7. Please answer this question after you have surveyed residents in your area.
A signed petition will also be required.

Requests for resident permit schemes will not be accepted without evidence of support from a majority of residents.

Number of households in the proposed area	
Number of households that support your proposal	

Any further details you wish to add?

Please return the completed form, along with any supporting documents to:

Parking Operations

Dover District Council

Council Offices, Honeywood Close,

White Cliffs Business Park,

Dover,

CT16 3PJ

Or email: parking-onstreet-consultation@dover.gov.uk

Please only return this form when fully completed