

Amount Due: _____

Cash/Check _____

Request for Camper Parking Permit

1. Name of Business: _____

2. Street address: _____

3. Tax Parcel # _____

4. Property Owner _____

5. Organization requesting permit if different from Owner:

6. Number of camping sites: _____

1-5 Recreational vehicles	No fee
6-25 Recreational vehicles	\$25.00
26-50 Recreational vehicles	\$50.00
51-100 Recreational vehicles	\$100.00
> 100 Recreational vehicles	\$150.00

7. Emergency contact number of owner and organizational contact (if applicable). Please print information

Signature of Applicant

Date

Print Name

MAKE CHECK PAYABLE TO: CITY OF DOVER

**MAIL TO: CITY OF DOVER, DEPARTMENT OF INSPECTIONS, P.O. BOX 475,
DOVER, DE 19903-0475**

OVERNIGHT MAIL: 15 E LOOCKERMAN PLZ DOVER, DE 19901

NOTE: Please attach two copies of your parking plan. Each parking space is to have a unique identifier.