



City of Sea Isle City

MUNICIPAL SERVICES - 2ND FLOOR

233 JOHN F. KENNEDY BLVD.
SEA ISLE CITY, NJ 08243
609-263-4461

PERMIT #: _____

2018 APPLICATION FOR WEEKLY PARKING PERMIT

DRIVER INFORMATION

LAST NAME _____ FIRST NAME _____

MAILING ADDRESS:

LOCAL ADDRESS:

PHONE NUMBER: _____ Valid Week: _____

VEHICLE INFORMATION

LICENSE PLATE NUMBER: _____ LICENSE PLATE STATE: _____

VEHICLE MAKE: _____ VEHICLE YEAR _____

VEHICLE COLOR: _____ VEHICLE MODEL: _____

****THIS PERMIT IS ONLY VALID FOR THE ABOVE VEHICLE FOR THE DESIGNATED WEEK AND IS NON-TRANSFERABLE****

Any vehicle with a parking permit shall be permitted to park continuously (including overnight) in any metered parking space or any metered City parking lot; except 15 minute metered parking limit spaces must be followed and no overnight parking at the Cape May County Library parking lot. The permit shall be hung from the rear view mirror at all times when the vehicle is parked.

N.J.S.A. 39:3-74 prohibits driving motor vehicles with the parking permit hanging or obstructing.

By signing below I agree that I am fully aware of the terms and conditions of the parking permit rules and regulations.

SIGNATURE OF APPLICANT

DATE

FEE: \$30.00

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OFFICE USE ONLY

DATE RECEIVED _____ CASH _____ CHECK _____ CHECK # _____

"SEA ISLE... A City For All Seasons"