



643 Washington Street
Cape May, NJ 08204
(609) 884-9525

Chief of Police: Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Signature: _____	Date: _____
Permit Number: _____	
Location of Parking Spot: _____ _____	

RESERVED HANDICAPPED PARKING APPLICATION

I understand and agree that:

Such spaces are for use **only by the person so designated** provided such persons have been issued a special vehicle identification card or plates or placards by the New Jersey Motor Vehicle Commission, or a temporary placard by the Chief of Police. No other person shall be permitted to park in these spaces. In addition, such designated person shall provide the City Clerk and the Chief of Police with a copy of the vehicle registration of the vehicle to be parked at the designated location, and no other vehicle shall be permitted to park in the designated space. Each designated person shall also notify the City Clerk and Chief of Police of any change in the vehicle and shall provide a copy of the vehicle registration for any replacement vehicle. The designated person shall only be permitted to register one vehicle with the City for such purpose. Such designated parking place shall terminate automatically and without further ordinance either (i) upon the death of the designated person or (ii) at such time that the designated person no longer resides at the property adjacent to the designated location.

Such designated parking place shall not be permitted unless there is no off-street parking available to the designated person at the designated person's residence. For the purposes of this section, the availability of a driveway parking permit pursuant to Section 7-54 shall constitute off-street parking. All determinations as to the availability of off-street parking shall be made by the Chief of Police, in the Chief's sole discretion.

Name: _____

Address: _____

Telephone#: _____

Signature: _____

Vehicle Make: _____

Vehicle Model: _____

Vehicle Color: _____

Vehicle Year: _____

License Plate#: _____

Registration Expiration Date: _____

*Please include a photocopy of your driver's license and the motor vehicle registration card.

**Please include a copy of your handicapped placard and or registration for special vehicle plates.