



CITY OF CAPE MAY

643 Washington Street
Cape May, NJ 08204
(609) 884-9534 or (609) 884-9529



JACKSON STREET PARKING AGREEMENT

I understand and agree that:

1. This permit allows registered vehicles to park in metered spaces at **the Jackson-Chestnut-Perry Street Parking Lot ONLY**, without inserting coins. This does not apply to any other metered parking space within the City of Cape May.
2. I acknowledge that no parking spaces are guaranteed or set aside for this vehicle. If no spaces are available, parking is permitted in the Bank Street Parking Lot.
3. To be effective, this permit must hang from your rearview mirror, to be visible from outside while occupying a parking space. Check to make sure your permit is in place before leaving your car. **Failure to properly display the permit may result in a traffic summons and court appearance.** Please be advised there is a \$10.00 replacement fee for all lost or stolen permits. There is a limit of ten (10) permits per applicant.
4. Transferability: Permits are issued for a particular vehicle and are **Non-Transferable** per §7-49.6D of the Cape May City Code. The vehicle information on the back side of this application must be completed and submitted with the permit application. The license plate number of the permitted vehicle shall appear on the permit.
5. The City of Cape May is not responsible for any damage, loss, or other liability whatsoever.
6. Validity period. The Jackson-Chestnut-Perry Streets Parking Lot shall be valid for one calendar year, from January 1st to December 31st.

Vehicle Information for Permit

Vehicle Make: _____

Vehicle Model: _____

Vehicle Color: _____

Vehicle Year: _____

License Plate: _____

License Expires: _____

Registration Expires: _____

Name of applicant (please print): _____

Business name (if applicable): _____

Fees:

Permit Each -----	\$700.00
Replacement -----	\$10.00

City Use Only:

Permit #(s): _____
Application Date: _____
Issue Date: _____
Receipt #: _____ Check #: _____
Permit \$700.00 X _____ = Total \$ _____

Email

Mailing Address

City / State / Zip

Telephone #

Signature of Purchaser **Date**