

**PARKING AUTHORITY OF THE
CITY OF JERSEY CITY**

394 CENTRAL AVENUE
JERSEY CITY, N.J. 07307
(201) 653-6969
FAX (201) 533-2259

PARKING PERMIT APPLICATION

Name: _____

Address: _____

Driver's
License #: _____

License
Plate #: _____

Home Phone #: _____

Business Phone #: _____

I certify under penalty of perjury that the above information is true.

Signature of applicant _____

Date _____

THIS SECTION MUST BE COMPLETED BY MERCHANT, EMPLOYER OR SCHOOL OF ZONED AREA

Name of Business/School: _____

Address: _____

Phone #: _____

Executive Officer/Registrar: _____

I certify under penalty of perjury that the above information is true.

Signature of Executive Officer/Registrar _____

Date _____

PREREQUISITES

1. A copy of driver's license & vehicle registration

2. RATE CHANGES EFFECTIVE 3/20/07

- A. RESIDENT:** **\$15.00** per year per vehicle (*vehicle must be registered in Jersey City*)
SENIOR CITIZEN: \$1.00 per year per vehicle
TEMPORARY: **\$15.00** (*valid up to 60 days*)
TRANSFER FEE: \$1.00 (any valid/current permit must be returned to J.C.P.A.)
- B. NON-RESIDENT:** **\$300.00** per year (*limited to one vehicle*) (*include copy*)
TEMPORARY: **\$125.00** (*valid for 90 days*) *of current W-2*

**NO PERMIT WILL BE ISSUED UNTIL ALL SUMMONSES PENDING WITH
THE JERSEY CITY VIOLATIONS BUREAU ARE SETTLED.**

*Make non-refundable check or money order payable to
the Jersey City Parking Authority.
(Do not send cash)*

THIS APPLICATION MAY BE FREELY REPRODUCED.

C# _____ M# _____ P# _____ D S _____
(over)