

**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)

