



# City of Sea Isle City

MUNICIPAL SERVICES - 2ND FLOOR

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

PERMIT #: \_\_\_\_\_

## 2025 APPLICATION FOR SHORT TERM PARKING PERMIT

### DRIVER INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_

LOCAL ADDRESS:

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ Valid Days: \_\_\_\_\_

### 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 DAYS 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: \$80.00 Per 8 Consecutive Days**

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OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CHECK # \_\_\_\_\_

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