



**YEAR: 2015**

*Town of Kearny*

**OFFICE OF THE TOWN CLERK  
COUNTY OF HUDSON**

**402 Kearny Avenue, Kearny, New Jersey 07032**

<b>OFFICE USE ONLY</b>	
Renew _____	New _____
Year: <b>2015</b>	
Receipt #: _____	
Amount: _____	
Cash or Check (circle one)	
License/Permit #: _____	

**Application for Overnight Parking Permit**

**ALL APPLICATIONS MUST BE ACCOMPANIED BY A COPY OF A VALID  
DRIVER'S LICENSE, VEHICLE INSURANCE AND REGISTRATION CARD**

**Parking Lot: Elm Street HealthCare Renewal Parking Deck Top Level (4<sup>th</sup> Floor Only)  
(Corner of Bergen Avenue & Elm Street) Block 248, Lots 17, 21, 25 & 44**

**Elm Street Deck Top Level Parking Lot Hours: 6:00 p.m. to 7:00 a.m.**

Name: \_\_\_\_\_

Driver License #: \_\_\_\_\_  
**(Copy and attach)**

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_

Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Plate #: \_\_\_\_\_

Commercial vehicle? Yes or No **(circle one)**

Vehicle Identification Number (VIN): \_\_\_\_\_  
**(Copy and attach)**

Registration #: \_\_\_\_\_  
**(Copy and attach)**

Vehicle Insurance Company and Policy Number: \_\_\_\_\_  
**(Copy and attach)**

## **GENERAL RULES FOR OVERNIGHT RESIDENTIAL OFF-STREET PARKING LOTS**

- The applicant must be the registered owner of the vehicle.
- No parking when lot is snow covered (1 inch of snow). Cars will be subject to ticket and towing at the owner's expense.
- Parking permits are restricted to the designated lot and cannot be utilized in an alternate location.
- Only one parking permit is authorized per vehicle.
- The parking permit is not transferable to operators and/or vehicles.
- The parking permit must be affixed to the rear window of the vehicle and be readily visible to the Parking Enforcement Officer or the vehicle may be subject to a parking ticket and towing (at the owners expense).
- The overnight parking permit is only valid for the designated space within the assigned parking lot.
- If the Town Clerk determines that the parking permit use is being abused or manipulated by a permit holder or violating the policies of the assigned lot the permit will be revoked and any vehicle parked in the parking lot will be subject to a parking ticket and towed at the owners expense.
- All vehicles must be properly maintained, insured and registered.
- Any vehicle creating a hazardous condition (leaking fluid, etc.) will be towed at the owner's expense. Repairs of any type to a vehicle are prohibited in the lot. Any permit holder repairing or having repairs done on any vehicle in the parking lot will have their permit revoked and their vehicle will be subject to a parking ticket and towing at the owner's expense.
- Parking permits are the property of the Town of Kearny. If you no longer require parking or your parking permit(s) is cancelled or revoked, it must be returned to the Town of Kearny.
- Overnight Parking spaces are designated and marked accordingly.
- If an assigned spot is not available due to misuse of the designated spots, the permit holder may not occupy another space. Permit holders are responsible for contacting the Kearny Police Department to arrange to have the illegally parked vehicle towed.
- This application must be completely filled out and returned to the Office of the Town Clerk with copies of a valid driver's license, vehicle insurance and registration cards.

I have read and understand and agree to abide by the policies, terms, and conditions and any further updates to this permit application. I certify that I do not have off street parking available to me. The applicant must sign all attached forms as part of a completed application for permit. It is understood by the applicant that the parking permit may be revoked at any time.

### **Hold Harmless Agreements**

- **Town of Kearny**
- **HealthCare Renewal c/o Hillcrest Development**

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Applicant's Signature

## HOLD HARMLESS AGREEMENT

For and in consideration of permission granted by the **Town of Kearny** to (NAME AND

ADDRESS) \_\_\_\_\_

\_\_\_\_\_ for

(SET FORTH ACTIVITY OR USE) \_\_\_\_\_

the said (NAME) \_\_\_\_\_

agrees to indemnify and make harmless the Town of Kearny. its officers, agents, servants and/or employees, from and against any and all liability, claims, judgments, demands, fines, penalties or expenses whatsoever, including, without limitation, attorney's fees and expenses which may be incurred in connection with the loss of life, personal injury and/or damage to property arising out of or resulting in whole or in part from the activity as mentioned. (NAME) \_\_\_\_\_

\_\_\_\_\_ agrees to submit evidence of motor vehicle insurance coverage providing for both liability and property damage in such amounts as may be required by the **Town of Kearny**. The undersigned in not relying upon any representations in executing this agreement not expressly set forth herein. The foregoing indemnification agreement has been read and understood by the undersigned before signing.

Dated: \_\_\_\_\_ By: \_\_\_\_\_ (Signature)

Name: \_\_\_\_\_ (Print)

WITNESS: \_\_\_\_\_

## HOLD HARMLESS AGREEMENT

For and in consideration of permission granted by **HealthCare Renewal/Hillcrest**

**Development** to (NAME AND ADDRESS) \_\_\_\_\_

\_\_\_\_\_

for (SET FORTH ACTIVITY OR USE) \_\_\_\_\_

the said (NAME) \_\_\_\_\_

\_\_\_\_\_ agrees to indemnify and make harmless the Town of Kearny, its officers, agents, servants and/or employees, from and against any and all liability, claims, judgments, demands, fines, penalties or expenses whatsoever, including, without limitation, attorney's fees and expenses which may be incurred in connection with the loss of life, personal injury and/or damage to property arising out of or resulting in whole or in part from the activity as mentioned. (NAME) \_\_\_\_\_

\_\_\_\_\_ agrees to submit evidence of motor vehicle insurance coverage providing for both liability and property damage in such amounts as may be required by **HealthCare Renewal/Hillcrest Development**. The undersigned in not relying upon any representations in executing this agreement not expressly set forth herein. The foregoing indemnification agreement has been read and understood by the undersigned before signing.

Dated: \_\_\_\_\_

By: \_\_\_\_\_ (*signature*)

WITNESS: \_\_\_\_\_

Name: \_\_\_\_\_ (*print*)