



*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 : _____	
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: West Hudson Health Care Parking Deck Top Level**

*(Corner of Bergen Avenue, top level/deck only)*

**Overnight Parking Hours: 6:00PM to 7:00AM**

Per Ordinance 2012-16, "Ordinance Amending Section 7-33.3A of the Town Code so as to Extend the Hours for the Parking of Passenger Cars at the West Hudson Hospital Health Care Parking Deck." As Licensee, the Town shall have the right to permit use of the licensed premises by residents of the Town for the parking of passenger cars and for no other purpose between the hours of 6:00 p.m. and 7:00 a.m.

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

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

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

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

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

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Yr: \_\_\_\_\_ Color: \_\_\_\_\_

Plate #: \_\_\_\_\_ Commercial vehicle? Yes or No *(circle one)*

Vehicle Registration Number: \_\_\_\_\_  
*(Copy and attach)*

Vehicle Insurance Company and policy number: \_\_\_\_\_  
*(Copy and attach)*

**Note: Permit to be affixed to the rear window and readily visible to the Parking Enforcement Officer through the rear window of the vehicle.**

### **GENERAL RULES**

- 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 and the permit is non-transferable.
  - The parking permit is not transferable to operators and/or vehicles.
- The parking permit must be affixed to the rear window and be readily visible to the Parking Enforcement Officer through the rear window or the vehicle may be subject to a parking ticket and towing (at the owner's expense).
- The overnight parking permit is only valid for the designated spaces within the assigned parking lot.
- If the Office of the Business Administrator 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 owner's 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 if your parking permit(s) is cancelled or revoked, it must be returned to the Town of Kearny.
- Overnight Parking spaces are provided until capacity of the lot is reached; a lottery may be utilized if demand exceeds availability of spaces.
- Assigned spots are not provided. The permit holder must park properly in the lot. Permit holders are encouraged to contact the Kearny Police Department to report overnight parked vehicles that do not display a permit.
- This application must be completely filled out and returned to the Office of the Town Clerk for the overnight parking permit privileges.

I have read, 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 a permit. It is understood by the applicant that the parking permit may be revoked at any time. If the vehicle is not removed it will be ticketed and towed. Notice will be by mail and affixed to the parked vehicle.

**Hold Harmless Agreement(s):**

- **Town of Kearny**
- **CMMC**

\_\_\_\_\_  
**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 the **CMMC** 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 **CMMC**.

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: \_\_\_\_\_