TOWN OF CLINTON
INCORPORATED APRIL 5, 1865
43 Leigh St., P.O. Box 5194
Clinton, N.J. 08809-5194
(908) 735-8616 FAX (908) 735-8082

APPLICATION FOR A TEMPORARY SIGN PERMIT

1a. Name & Address of Applicant: _____

1b. Phone Number of Applicant: _____

2. Street Location where sign will be erected:_____

3. Zoning District: _____ Block _____ Lot _____

4. Name & Address of owner where sign will be erected:

_____

5. Type of proposed sign: ( ) Standing Sign ( ) Off Site Signs

6. Purpose of Sign: _____

7. Duration of Signs: _____

*****The following must be included with your application******

- ❑ A site plan sketch or map of the property showing the location of buildings, existing signs and the proposed sign.
- ❑ A sketch or other depiction of the proposed sign showing all dimensions and the exact text.

I certify that I have read the foregoing application and certify that the answers are true.

Signature of Applicant: _____ Date : _____

Signature of Owner of Premises: _____ Date: _____

Date Received: _____

Zoning Officer's Recommendation: _____

_____

_____

Town Council Action: ( ) Granted ( ) Denied

$40.00 Fee for Standing Sign Collected:

Date : _____ Cash ( ) Check ( ) Check # _____

License # _____