



# 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 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: (check all applicable) ( ) Window ( ) Awning ( ) Wall

( ) Ground ( ) Projecting ( ) Directory/ Nameplate ( ) Lettering -Gasoline Pumps

( ) Open Sign -LED/Neon – C4 Zone Only ( ) Standing Sign-C1 Zone Only

5a. Is the Sign Illuminated? ( ) Yes ( ) No

If Yes, how: \_\_\_\_\_

5b. Sign Dimensions: Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_ Height off the ground \_\_\_\_\_

Distance sign will projection from the face of the building wall \_\_\_\_\_ Total Gross area of Building wall \_\_\_\_\_

6. Does your business have any signs on the premises now? ( ) Yes ( ) No

6a. If yes, how many and what type \_\_\_\_\_

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

- A sketch of the proposed sign showing all dimensions and the exact text that will appear on the sign.**
- A site plan sketch of the property showing the location of building the sketch must include:**
  - Location of the sign in relation to the building**
  - Number of feet from the street right of way or property line (ground sign only)**
  - Number of feet from the nearest building (ground sign only)**
  - Location of existing signs**
  - Location of any external lights**

**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: \_\_\_\_\_

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Date Received: \_\_\_\_\_

Zoning Officer Action: ( ) Granted ( ) Denied ( ) referred to Board of Adjustment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Zoning Officer Signature \_\_\_\_\_

Fee : \_\_\_\_\_

Permit # \_\_\_\_\_ Date: \_\_\_\_\_ Cash ( ) Check ( ) Check # ( )

