Allamuchy TOWNSHIP EST 1873

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

APPLICATION #: _____

SIGN PERMIT APPLICATION

Please submit all the following information to the Zoning Office in person, or by mail to the address below. Incomplete applications may be rejected due to time constraints. No Fee Required

Please provide all of the following and show approximate location of new and existing signs
☐ Site Plan or copy of Survey ☐ Specification (Please attach drawing, if applicable)

Please note: In addition to applicable building permits, the applicant is responsible for obtaining all associated local, county and or state approvals as required by law.

APPLICATION COMPLETE – ready for max 10 day review: _____ Zoning Officer' Signature _____ Date

Applicant Information:

Name: _____

Address: _____

Phone: _____ Email: _____

Property Information:

Block: _____ Lot: _____ Zoning District: _____

Property Address: _____

Building Dimensions:

Length: _____ Width: _____ Height: _____

V20251016

Attn: Zoning Officer, Township of Allamuchy
292 Alphano Road, P.O. Box A
Allamuchy, NJ 07820
Phone: 908-852-5132 Fax: 908-852-0129

Proposed Sign:

Type of Sign: ☐ Temporary Sign ☐ Wall Sign

☐ Permanent Sign ☐ Free-Standing

Please attach specifications or below provide a sketch of the size of the sign, lettering thereon, method of illumination, if any color(s) of the sign, and exact proposed location in accordance with Chapter 190-514 of the Ordinance.

If you are replacing an existing sign please provide the existing sign dimensions:

Existing Dimensions (Length x Width): _____ x _____

Proposed Dimensions (Length x Width): _____ x _____

Overall height (ft): _____ Clearance from grade: _____

Distance from applicable property boundaries:
Front: _____ Rear: _____ Side (L): _____ Side (R): _____

Have you received a variance/site plan approval for this property in the past? _____
(if YES, please attach a copy of resolution, approval site plan and/or other approvals)

I hereby certify that everything presented in this application package is true to the best of my knowledge & grant permission to inspect subject premises, if necessary, for review:

Owner's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

THIS PERMIT IS HEREBY ☐ ISSUED PERMIT #: _____

☐ DENIED

_____

Zoning Officer' Signature Date

COMMENTS/CONDITIONS:

_____

_____