

WILLINGBORO



TOWNSHIP

NEW JERSEY

Inspections Department
1 Rev. Dr. Martin Luther King, Jr. Drive
Willingboro NJ 08046
Phone # 609-877-2200 Ext. 1214 FAX # 609-877-1278

SIGN PERMIT ZONING APPLICATION

Application requirements:

\$50.00 FEE

- A detailed drawing showing the layout, dimensions, colors and materials of the proposed sign.
- A building elevation showing the location of each sign and the dimensions of the business facade/wall on which the sign is to be located.
- Freestanding signs - A plot plan/survey of the site showing the location of the sign relative to the property lines.

NOTE: Each individual sign requires a separate application. New signage may also require a Construction Permit for Building and Electrical. Incomplete applications or applications without adequate drawings will cause a delay in the processing of your applications.

Sign Location (Street Address): _____

Sign Type: Wall Monument Freestanding Temporary Other _____

Sign Message: _____

Illumination: YES NO Cost of sign: \$ _____

Sign Size: Width _____ Height _____ Total Square Ft: _____

Freestanding Signs:

Height from grade to top of sign: _____ Setback from nearest property line: _____

Applicant: (Person applying for this permit)

Contact Name: _____ Phone #: _____

Business Name: _____ Fax #: _____

Address/City/State/Zip: _____

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Business/Organization: (Business the sign is for)

Contact Name: _____ Phone #: _____

Business Name: _____ Fax #: _____

Address/City/State/Zip: _____

Contractor Information: (Sign maker)

Contact Name: _____ Phone #: _____

Business Name: _____ Fax #: _____

Address/City/State/Zip: _____

License # _____

The undersigned hereby makes application to the Inspections Department of the Township of Willingboro for the approval of the detailed statement of specifications and plans herewith submitted for the erection of the sign herein described. All provisions of the sign ordinance shall be complied with in the erection of said sign whether specified or not. I, _____ the applicant listed above do hereby certify that the facts above set forth are true to best of my knowledge and belief. I do further certify that the foregoing are the only sign that will be erected under this permit.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

Approved Denied

Conditions: _____

Signature: _____ Date: _____

Zoning Official