

Pd Fee _____
Receipt # _____

B: _____ L: _____
For Office Use Only-Do not write above

TOWNSHIP OF SOUTH BRUNSWICK
ZONING APPLICATION FOR SIGN PERMIT
MUNICIPAL BUILDING, P.O. BOX 190
MONMOUTH JUNCTION, NJ 08852
(732) 329-4000, extension 7240

SUBMIT 1 COMPLETED APPLICATION FORM FOR EACH SIGN & SUBMIT 4 COPIES OF EACH PLAN AND/OR DRAWING. SIGN PERMIT APPLICATION FEE IS \$60.00 (CASH OR CHECK PAYABLE TO SOUTH BRUNSWICK TOWNSHIP)

DATE _____ PERSON TO CONTACT _____ PHONE # _____ FAX# _____

BUSINESS NAME & ADDRESS _____
(WHERE SIGN IS TO BE ERECTED)

TOWN (POST OFFICE) _____ ZIP CODE _____
(DO NOT PUT SOUTH BRUNSWICK, USE TOWN MAILING ADDRESS)

BLOCK _____ LOT _____ ZONE _____ COST OF CONSTRUCTION \$ _____

PROPERTY TYPE: Private? Yes _____ No _____ Township? Yes _____ No _____ ELECTRIC SIGN? Yes _____ No _____

LOCATION OF SIGN ON PROPERTY _____

SIZE OF SIGN: Width _____ Height _____ NUMBER OF FACES _____ SQUARE FOOTAGE _____

MATERIAL SIGN IS MADE OF _____

HOW FAR OFF THE GROUND? _____ TYPE OF SIGN: _____ Wall _____ Ground _____ Window

CONTRACTOR / INSTALLER OF SIGN _____

CONTRACTOR / INSTALLER'S ADDRESS _____

CONTRACTOR/INSTALLER'S PHONE NUMBER _____ FAX# _____

- **Submit separate drawings showing how sign is to be erected and fastened including footing size & depth, include wind load calculations and maximum height above the ground for pole type signs.**
- **For Ground Signs submit plot plan showing sign location on the site with setback dimensions from the property line and/or center line of highway, street or roadway.**
- **For a Wall Sign show where the sign is to be located in the building, with a wall elevation drawing showing all dimensions and percentage of space used for the sign. All plans are to be signed and sealed by a NJ licensed design professional.**

Has an approval been granted for the proposed work from the Zoning Board of Adjustment or Planning Board?
yes _____ no _____ If yes, what is the File # _____ **Please attach a copy of the resolution.**

PROPERTY OWNER'S NAME _____

OWNER'S ADDRESS _____ TOWN _____ STATE _____ ZIP _____

OWNER'S TELEPHONE NUMBER _____ FAX # _____

OWNER'S AUTHORIZATION _____
(SIGNATURE) (DATE)

ZONING APPROVAL _____
(SIGNATURE) (DATE)

TEMPORARY GRAND OPENING SIGNS

CO Date _____ Start Date _____ **30 Days maximum duration** Stop Date _____

Industrial, Office & Research Zoning Districts & Commercial & Professional Office Zoning Districts

One temporary grand opening sign is permitted for a period of no more than (30) days within the first four (4) months after issuance of a certificate of occupancy. The sign shall be no more than thirty-two (32) square feet for a ground sign, which may be single or double sided and one hundred (100) square feet for a wall sign. It shall be no taller than six (6) feet for a ground sign, or no taller than the height of the building for a wall sign. Any such sign shall require a zoning permit, which shall state on it the start and end dates that the temporary grand opening sign is permitted.

32 Sq. Ft. Max. Ground Sign _____ Length _____ Height _____ Total Sq. Ft. _____

100 Sq. Ft. Max. Wall Sign _____ Length _____ Height _____ Total Sq. Ft. _____

PROPERTY OWNER'S NAME _____

OWNER'S ADDRESS _____ TOWN _____ STATE _____ ZIP _____

OWNER'S AUTHORIZATION _____
(SIGNATURE) (DATE)

ZONING APPROVAL _____
(SIGNATURE) (DATE)