



BOROUGH OF FLEMINGTON

ZONING OFFICE

38 Park Ave.
Flemington, NJ 08822
(908) 782-8840

ZONING SIGN PERMIT APPLICATION

BLOCK: _____ LOT: _____ DATE: ____/____/____

PROPERTY ADDRESS: _____

OWNER IN FEE: _____ PHONE #: (_____) _____

EMAIL: _____

ADDRESS: _____

APPLICATION FOR: () NEW OR () MODIFICATION

() **Wall Sign:** Height of Façade _____ Width of Façade _____ Façade Total Sq. Ft. _____

Façade Orientation (North, South, East, West) _____

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

Are there any other wall signs on this façade? Yes/No if so, indicate number & size (sq. ft. & Dimensions) on proposed plans.

Signs will be: () Internally Illuminated* () Externally Illuminated* () Non-Illuminated

* If illuminated, electrical permit required.

Words displayed on sign: _____

() **Window Signs:** (Includes all painted/Applied Text)

Size of Text or Painted area of window: Height _____ Width _____

() **Banner/Temporary:** Size: Length _____ Height _____

() **Ground Sign:** (Permanently mounted) Size: Height _____ Width _____ Mounting _____

PLEASE PROVIDE THE FOLLOWING:

1. A COPY OF YOUR SURVEY MAP/SITE PLAN **REQUIRED** (Indicate location of proposed Sign Installation)
2. A sketch or drawing of your sign showing dimensions and location of building.
3. Location of existing sign(s)
4. Number of feet from nearest building (Ground Signs)
5. Set Back Requirements for Ground Signs- (Property Lines)
6. Location of any external lights

SIGNATURE: _____
Owner/Agent

OFFICIAL USE ONLY

Fee: \$50.00 Fee Paid \$ _____ Check #: _____ Cash: \$ _____

Received By: _____ Date: ____/____/____

Final Approval of Zoning Official _____ **Date:** ____/____/____