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 TEMPORARY 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: ( ) window ( ) ground) ( ) Wall) ( ) Projecting) ( ) Off Site Signs
( ) other _____

6. Purpose of Sign: _____

7. Duration of Signs: _____

8. Sign Dimensions: Height_____ Width_____ Total SF _____
Unless otherwise noted temporary signs not to exceed six (6) Square feet.

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

- ❑ A site plan sketch or map of the property showing the location of buildings, existing signs and the proposed sign.

- ❑ A sketch or other depiction of the proposed sign showing all dimensions and the exact text.
- ❑ Permission to locate the sign from the property owner (off-site signs)

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: _____

Date Received: _____

Zoning Officer's Action: ( ) Granted ( ) Denied ( ) Referred to Board of Adjustment

_____

_____

Zoning Officer's Signature _____ date _____