



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 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: (check all applicable) () Window () Awning () Wall () Ground () Projecting
() Directory () Lettering -Gasoline Pumps () Open Sign -LED/Neon C4 Zone Only () Standing Sign-C1 Zone Only

5a. Is the Sign Illuminated? External illumination only () Yes () No

If Yes, how: _____

5b. Sign Dimensions: height _____ width _____ Height off ground _____ Total SF _____

Width of the Building wall _____ Height of the Building Wall _____ Total Gross area of Building wall _____

Distance sign will project from the face of the building wall _____

6. Does your business have any signs on the premises now? () Yes () No

6a. If yes, how many and what type _____

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

- ☐ **A sketch of the proposed sign showing all dimensions and the exact text that will appear on the sign.**
- ☐ **A site plan sketch of the property showing the location of building the sketch must include:**
 - ☐ **Location of the sign in relation to the building**
 - ☐ **Number of feet from the street right of way or property line (ground sign only)**
 - ☐ **Number of feet from the nearest building (ground sign only)**
 - ☐ **Location of existing signs**
 - ☐ **Location of any external lights**
- ☐ **Wall & Projecting Signs must have Building permit application attached with instructions on how attached**

I certify that I have read the foregoing application and certify that the answers are true.

Signature of Applicant: _____ Date: _____

Email Address of Applicant: _____

Signature of Owner of Premises: _ _____ Date: _____

Date Received: _____

Zoning Officer Action: () Granted () Denied () referred to Land Use Board

Zoning Officer Signature _____ Date _____

Fee : _____

Permit # _____ Date: _____ Cash () Check () Check # ()