



FAÇADE SIGN

\$20.00 Application Fee
(due upon submission)

_____ APPLICATION NUMBER

_____ PERMIT NUMBER

CONTACT INFORMATION

BUSINESS NAME	PROPERTY OWNER <input type="checkbox"/> Same as business owner
CONTACT NAME	CONTACT NAME
STREET	STREET
CHERRY HILL, NJ <input type="checkbox"/> 08002 <input type="checkbox"/> 08003 <input type="checkbox"/> 08034	CITY STATE ZIP
EMAIL	EMAIL
PHONE	PHONE

SIGN COMPANY NAME _____ **CONTACT NAME** _____
ADDRESS _____ **TOWN** _____ **STATE** _____ **ZIP** _____
PHONE _____ **EMAIL** _____

PROPERTY INFORMATION

BLOCK _____	BUILDING HEIGHT _____ FEET
LOT _____	BUILDING WIDTH X _____ FEET
ZONE _____	FAÇADE AREA = _____ SQ FT
VARIANCE # _____ (if applicable)	PERCENT PERMITTED PER §517 _____ %
DATE GRANTED _____	SIGN FOOTAGE PERMITTED = _____ SQ FT

SIGN SPECIFICATIONS

<input type="checkbox"/> NEW SIGN or <input type="checkbox"/> CHANGE OF COPY	SIGN HEIGHT _____ FEET
<input type="checkbox"/> ILLUMINATED or <input type="checkbox"/> NON-ILLUMINATED	SIGN WIDTH X _____ FEET
TOTAL PROJECTION FROM BUILDING _____ feet, _____ inches	TOTAL SIGN AREA = _____ SQ FT
PREVIOUS BUSINESS _____	PROJECTION (FROM BUILDING) _____ inches

FOR A NEW SIGN, ATTACH THREE COPIES OF PLAN(S) SHOWING:

- PHOTO OF THE FAÇADE WITH DIMENSIONS FOR BUILDING'S HEIGHT AND WIDTH INCLUDED
- STRUCTURAL DESIGN OF THE SIGN
- METHOD OF ILLUMINATION AND INTENSITY OF LIGHT

FOR ALL SIGNS, ATTACH THREE COPIES OF THE FOLLOWING:

- FULL COLOR SCALE RENDERING OF THE SIGN THAT INCLUDES DIMENSIONS
- COLOR PHOTO OF THE SITE WITH A STANDARD LENS FROM APPROXIMATELY 40 FEET
- THREE COPIES OF ALL ITEMS ABOVE**
- ORIGINAL NOTARIZED CONSENT OF OWNER FORM (ATTACHED)

**PHONE NUMBERS AND
WEB SITES ARE NOT
PERMITTED ON SIGNS**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

FOR DETAILS REGARDING PERMITTED SIGN AREAS, LOCATIONS, AND APPLICATION REQUIREMENTS, PLEASE SEE SECTION 517 OF THE CHERRY HILL TOWNSHIP ZONING ORDINANCE, AVAILABLE ONLINE AT <http://www.cherryhill-nj.com/signs>.

PHONE NUMBERS AND WEB SITES ARE NOT PERMITTED ON SIGNS.

I CERTIFY THAT THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE AND ACCURATE.

Date _____ **Signature of Applicant** _____

Applicant Name (Printed) and Title: _____

Business Name (if applicable) _____

OFFICE USE ONLY

TAXES PAID

ZONING APPROVAL # _____

COMMENTS: _____

- APPROVED
- DISAPPROVED

THIS ACTION IS CONDITIONED ON THE INFORMATION PRESENTED BEING TRUE AND ACCURATE.

DATE

ADMINISTRATIVE OFFICER OF COMMUNITY DEVELOPMENT

DATE _____ RECEIPT NUMBER _____ CHECK # _____ AMOUNT \$ _____

DATE _____ RECEIPT NUMBER _____ CHECK # _____ AMOUNT \$ _____



Sign Permit Consent of Owner

ADDRESS: _____ BLOCK(S): _____

ZONE: _____ LOT(S): _____

Number of signs authorized by owner:

____ # OF FAÇADE SIGN(S)

____ # OF FREESTANDING SIGN(S)

Name of Business to be displayed on signage:

I certify that I am the Owner of the property, which is the subject of this application, and I hereby consent to the making of this application and the approval of the plans submitted herewith. I further consent to the inspection of this property in connection with this application as deemed necessary by the municipal agency.

SWORN & SUBSCRIBED to before me this
_____ day of _____, 20____

(notary signature)

SIGNATURE (owner) DATE

PRINT NAME

PROPERTY OWNER CONTACT INFORMATION

NAME: _____

TITLE: _____

COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

PHONE: _____