



FREESTANDING 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 _____	LINEAL FOOTAGE OF BUILDING _____ FEET
LOT _____	PRINCIPAL STREET FRONTAGE _____ FEET
ZONE _____	DISTANCE FROM SIDE PROP LINE _____ FEET
VARIANCE # _____ (if applicable)	DISTANCE TO CLOSEST SIGN _____ FEET
DATE _____	HEIGHT TO TOP OF SIGN _____ FEET

HEIGHT TO BOTTOM OF SIGN _____ **FEET*** **REQUIRED: 8 FEET**

DISTANCE FROM RIGHT OF WAY (PROPERTY LINE) _____ **FEET*** **REQUIRED: 10 FEET**

DISTANCE FROM INTERSECTION OF STREET OR DRIVEWAY _____ **FEET*** **REQUIRED: 50 FEET**

* ONE OF THESE THREE REQUIREMENTS MUST BE MET

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
PREVIOUS BUSINESS _____	TOTAL SIGN AREA = _____ SQ FT

FOR A NEW SIGN, ATTACH THREE COPIES OF A PLOT PLAN SHOWING:

SITE-RELATED DIMENSIONS 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

MESSAGE ON EACH SIGN FACE (IF BOTH ARE THE SAME, PLEASE INDICATE)

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:

____ FAÇADE SIGN(S)

____ FREESTANDING SIGN(S)

Name of Business related to 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 (if owned by a Corporation, a resolution must be attached authorizing the application and officer signature).

SWORN & SUBSCRIBED to before me this
____ day of _____, 20____ (year)
____ (notary)

SIGNATURE (owner) DATE

PRINT NAME

PROPERTY OWNER CONTACT INFORMATION

NAME: _____

TITLE: _____

COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

PHONE: _____

NOTE: ORIGINAL NOTARIZED FORM MUST BE SUBMITTED. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR PROCESSED.