FAÇADE SIGN

$50.00 Application Fee
(due upon submission)

_____
PERMIT NUMBER

_____
APPLICATION NUMBER

CONTACT INFORMATION

BUSINESS NAME	**PROPERTY OWNER** ☐ Same as business owner
CONTACT NAME	CONTACT NAME
STREET	STREET
CHERRY HILL, NJ ☐ 08002 ☐ 08003 ☐ 08034	CITY STATE ZIP
EMAIL	EMAIL
PHONE	PHONE

SIGN COMPANY NAME _____ CONTACT NAME_____

ADDRESS_____ TOWN_____ STATE _____ ZIP_____

PHONE _____ EMAIL _____

PROPERTY INFORMATION

BLOCK _____
LOT _____
ZONE _____
VARIANCE # _____ (if applicable)
DATE GRANTED _____

BUILDING HEIGHT _____ FEET
BUILDING WIDTH X _____ FEET
FAÇADE AREA = _____ SQ FT
PERCENT PERMITTED _____ %
SIGN FOOTAGE PERMITTED = _____ SQ FT

SIGN SPECIFICATIONS

☐ NEW SIGN or ☐ CHANGE OF COPY
☐ ILLUMINATED or ☐ NON-ILLUMINATED
PREVIOUS BUSINESS _____

SIGN HEIGHT _____ FEET
SIGN WIDTH X _____ FEET
TOTAL SIGN AREA = _____ SQ FT

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 <u>NOT</u> PERMITTED ON SIGNS

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Rev. 9/12/25

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: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

PHONE: _____

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