



FREESTANDING SIGN

\$50.00 Application Fee
(due upon submission)

PERMIT NUMBER

APPLICATION 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 X _____ 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: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

PHONE: _____

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