

Sign Permit

CONTACT INFORMATION

BUILDING WIDTH X		
ADDRESS ADDRESS TOWN STATE ZIP TOWN STATE ZIP EMAIL PHONE PHONE SIGN COMPANY NAME	BUSINESS NAME	PROPERTY OWNER ☐ Same as business owner
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FUR ALL SIGNS, ATTACH ONE COPY OF THE FOLLOWING:		
☐ FULL COLOR SCALE RENDERING OF THE SIGN THAT INCLUDES DIMENSIONS		CLUDES DIMENSIONS

FOR DETAILS REGARDING PERMITTED SIGN AREAS, LOCATIONS, AND APPLICATION REQUIREMENTS, PLEASE SEE SECTION 40-7.24 OF THE BOROUGH OF BELMAR ZONING ORDINANCE, AVAILABLE ONLINE AT WWW.BELMAR.COM.

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

Date	_ Signature of A	Applicant		
Applicant Name (Printed) and Title:				
Business Name (if applicable)			
		OFFICE USE ONLY		
SIGN COMMITTEE MEMBER #1:				
COMMENTS:				
SIGN COMMITTEE MEMBER #2:				
COMMENTS:				
SIGN COMMITTEE MEMBER #3:				
ONING REVIEW:				
□ APPROVED□ DISAPPROVED	THIS ACTION IS CON	THIS ACTION IS CONDITIONED ON THE INFORMATION PRESENTED BEING TRUE AND ACCURATE.		
	DATE	ZONING OFFICIAL		