

**Borough of Spring Lake  
Office of Zoning/Code Enforcement**

Phone: (732) 449-0800  
Ext. 613  
Fax: (732) 449-8797

Permit # \_\_\_\_\_

423 Warren Avenue  
P.O. Box 638  
Spring Lake, NJ 07762

**ZONING PERMIT SIGN APPLICATION**

1. Property Owner's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

2. Address & Zip Code: \_\_\_\_\_

3. Applicant's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

4. Business Name: \_\_\_\_\_

5. Address & Zip Code: \_\_\_\_\_

6. Street Address of Property: \_\_\_\_\_

7. Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

8. Email Address: \_\_\_\_\_

9. Previous Use of Property: \_\_\_\_\_

10. Proposed Use of Property: \_\_\_\_\_

11. Type of Sign Proposed:

- |    |                          |              |                          |        |                          |        |
|----|--------------------------|--------------|--------------------------|--------|--------------------------|--------|
| A. | <input type="checkbox"/> | Wall Mounted | <input type="checkbox"/> | Window | <input type="checkbox"/> | Awning |
| B. | <input type="checkbox"/> | Wall Mounted | <input type="checkbox"/> | Window | <input type="checkbox"/> | Awning |
| C. | <input type="checkbox"/> | Wall Mounted | <input type="checkbox"/> | Window | <input type="checkbox"/> | Awning |

12. Width of Building: \_\_\_\_\_ Height of Building: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**MUST SUBMIT TWO (COPIES) OF SIGN DETAIL SHOWING SIGN DIMENSIONS. TWO COPIES OF PLOT PLAN SHOWING ALL EXISTING AND PROPOSED SIGN LOCATIONS WITH SETBACK DIMENSIONS AND APPLICATION FEE OF \$50.00. Checks to be made payable to the Borough Spring Lake.**

**For Official Use**

Received by: \_\_\_\_\_ Fee: \_\_\_\_\_ Date: \_\_\_\_\_

Approved/Issued by: \_\_\_\_\_ Date: \_\_\_\_\_