

**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: _____