

CITY OF ASBURY PARK
ONE MUNICIPAL PLAZA
ASBURY PARK, NEW JERSEY 07712

PHONE: (732) 775-2100
WWW.CITYOFASBURY PARK.COM



JOHN MOOR, MAYOR
AMY QUINN, DEPUTY MAYOR
ANGELA AHBEZ-ANDERSON, COUNCILMEMBER
EILEEN CHAPMAN, COUNCILMEMBER
YVONNE CLAYTON, COUNCILMEMBER

ADAM E. CRUZ, CITY MANAGER
ANTHONY CUCCI, RMC, CITY CLERK

Sign Permit Application

Received:

Zoning Control# _____

Project Site Address _____ Asbury Park, NJ

Block: _____ Lot _____

Applicant Name: _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Preferred Method of Contact: Email _____ Phone _____

Property Owner Name (If different): _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Existing use: _____ Zone _____

(Retail, office, restaurant, etc.)

Completely describe the proposed sign project. Attach a drawing/rendition of the proposed sign & include dimensions, materials, and area coverage (or sign company's proof); If possible, include a photo of the location where the sign will be placed.

Applicant's signature _____ Date _____

NOTE: This is not a construction permit. You may be required to also obtain construction permits. Construction without a permit could result in substantial fines. A certificate of Zoning Compliance is required prior to the use of the occupancy of any new business, construction, conversion or structural alteration of any building or structure.

Fee: \$40.00 Additional fees may be required for a construction permit.

Date paid: / / Cash / Check / M.O.#

Received by: