

SIGN ERECTION PERMIT

EAST ORANGE, NJ



INSTRUCTIONS: Attach the following: *site plan showing location and size of property and location of proposed sign; a series of color photographs showing the façade of the property at which the sign will be located; a reasonably accurate sketch or blueprint indicating the appearance of the proposed sign(s) and a written consent of the owner or lessor of the premises.* Submit to Zoning Officer at East Orange City Hall, Basement Level for review. Fill out all applicable blanks/boxes below. **FILL OUT THE APPLICATION COMPLETELY, OR IT WILL NOT BE PROCESSED.**

IN ACCORDANCE WITH THE "LAND USE ORDINANCE OF THE CITY OF EAST ORANGE" THE FOLLOWING APPLICATION FEES APPLY

Display area of up to 50 square feet: () \$50	Display area of 50 square feet or more: () \$75	Freestanding signs taller than 3 feet: () \$150
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Payment must be made by **Certified Check** or **Money Order** made payable to **City of East Orange**

Project Address _____ Block _____ Lot _____

Business Name (if applicable) _____

Applicant/Contact Name _____ Phone # _____

Applicant/Contact Address _____ Email _____

Property Owner Name _____ Phone # _____

Property Owner Address _____ Email _____

1. **SIGN TYPE:** Check the appropriate box of the sign you want to erect.

- () Monument () Wall-mounted () Awning () Window () Projecting () Marquee
() Entrance Canopy () Nameplate () Address sign () Banner () Freestanding/A-Frame () Temporary Window
() Roof sign () Message Board () Outdoor Display Case

2. **ADDITIONAL REQUIREMENTS:** Was Site Plan Approval, Historic Preservation Commission Approval, or Variance Approval required and granted? If yes, attach a copy of approving resolution.

3. **BY SIGNING THIS APPLICATION YOU CERTIFY THAT THE INFORMATION SUBMITTED WITH THIS APPLICATION IS A TRUE REPRESENTATION OF THE PROPERTY WITH THE EXCEPTION OF ANY PROPOSED WORK AS PART OF THIS APPLICATION.**

SIGNATURE OF APPLICANT

DATE

OVER →

DETERMINATION (FOR OFFICE USE ONLY)

Date of Intake, if different from date of application _____

() APPROVED () NOT APPROVED, Needs: () "D" Variance

COMMENTS _____

ZONING OFFICER (Signature)

DATE