

**Clinton Township Zoning**  
**1225 Route 31 Suite 411, Building D**  
**Lebanon, NJ 08833**  
**Phone: (908) 735-8800 Ext. 219 Fax: (908) 735-4267**

**APPLICATION FOR SIGN PERMIT**  
§Chapter 165-109

PERMIT: \_\_\_\_\_ DATE: \_\_\_\_\_

BLOCK : \_\_\_\_\_ LOT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

This permit if granted to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

PERMIT REQUEST FOR SIGN:             Addition  
     Repair  
     Alter  
     New

TYPE OF SIGN:                             Wall  
     Freestanding  
     Portable

LOCATION OF SIGN:                        \_\_\_\_\_ Number of feet from right of way  
    \_\_\_\_\_ Number of feet from property line (15' min)  
    \_\_\_\_\_ Number of feet from sight triangle

SIZE OF SIGN:                            Length \_\_\_\_\_  
    Width \_\_\_\_\_  
    Height \_\_\_\_\_

ILLUMINATION:                            \_\_\_\_\_

MOVING PARTS:                             Clock                     Thermometer

GENERAL COMMENTS:                    \_\_\_\_\_

**Please be aware that it is very possible a Building Permit may be required. Please contact the Building Department prior to sign installation.** All work to be executed as per application and in compliance with existing Township of Clinton Sign Ordinance Chapter 165-109.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

FEE: \_\_\_\_\_ CHECK # \_\_\_\_\_

\_\_\_\_\_  
ZONING OFFICER