

SITE PLAN SURVEY MUST BE ATTACHED TO THIS APPLICATION

Fee: \$35.00 **Cash:** _____ **CC:** _____ **Check:** _____

Date Received: _____ **Permit Number:** _____

Owner: _____

Worksite Address: _____

Block: _____ *Lot:* _____ *Zone:* _____

Phone: _____ *Email:* _____

Contractor: _____

Address: _____

Phone: _____ *Email:* _____

Description of work:

Wall Signs:

Facade Width: _____ *Total Area:* _____

Free Standing Signs: Must be set back 15 feet from property line.

Height: _____ *Total Area:* _____

For Official Use only:

Approved Denied

Zoning Officer: _____

Date: _____

- Zoning Board of Adjustment _____
- Planning Board _____