

BOROUGH OF COLLINGSWOOD
FACADE SIGN
APPLICATION FOR PERMIT

NAME OF BUSINESS _____ OWNER _____
ADDRESS OF BUSINESS _____ TOWN _____ ZIP _____ PHONE _____
EMAIL _____

NAME OF SIGN INSTALLER _____ PHONE _____
ADDRESS OF BUSINESS _____ TOWN _____ ZIP _____ PHONE _____
EMAIL _____

NAME OF PROPERTY OWNER _____ PHONE _____
ADDRESS _____ TOWN _____ STATE _____ ZIP _____

BLOCK _____ WAS THERE A VARIANCE # _____
LOT _____ DATE OF VARIANCE _____
ZONE _____ NAME OF PREVIOUS BUSINESS _____

BUILDING HEIGHT _____ FEET LOCATION OF SIGN ON FACADE _____
BUILDING WIDTH _____ FEET _____

DIMENSIONS OF SIGN: TEXT APPEARING ON SIGN:
HEIGHT _____ FEET LINE 1: _____
WIDTH _____ FEET LETTERING HEIGHT _____ INCHES
TOTAL _____ SQ.FEET LINE 2: _____

MATERIALS OF SIGN LETTERING HEIGHT _____ INCHES

LINE 3: _____
LETTERING HEIGHT _____ INCHES

NO PHONE NUMBERS OR WEB SITES PERMITTED ON SIGNS - NO INTERNAL ILLUMINATION OR NEON.

FOR A NEW SIGN, ATTACH A PLOT PLAN SHOWING:

- SITE RELATED DIMENSIONS INCLUDE BUILDING MEASUREMENTS
- STRUCTURAL DESIGN TO INCLUDE PLACEMENT & METHOD OF ATTCHMENT OF SIGN ON THE BUILDING
- PERPENDICULAR SIGN SHOW TYPE OF DECORATIVE ATTACHMENT BRACKET
- FOR AN AWNING SIGN INCLUDE THE DIMENSIONS OF VALANCE AREA & PROJECTION DISTANCE

FOR ALL SIGNS, ATTACH THE FOLLOWING:

- A SCALE DRAWING OF THE SIGN:
- DIMENSIONS OF THE SIGN (TO INCLUDE THE SIZE & FONT OF ALL THE LETTERING
- COLOR SCHEME (TO INCLUDE DESCRIPTION OR SAMPLES OF THE MATERIALS BEING USED -
I.E. METAL, WOOD, PAINT, VINYL ETC.)
- EXACT MESSAGE ON THE SIGN FACE
- PHOTO OF THE SITE WITH NORMAL LENS FROM APPROXIMATELY 25 FEET
- WRITTEN APPROVAL FROM THE OWNER

**I CERTIFY THE STATEMENTS AND INFORMATION
CONTAINED IN THIS APPLICATION ARE TRUE AND
ACCURATE.**

DATE _____

SIGNATURE OF APPLICANT _____
SINATURE OF PROPERTY OWNER APPROVING THE SIGNS

TAXES & FEES PAID _____
ZONING APPROVAL PERMIT ISSUED FOR THE BUSINESS # _____

ONCE THE SIGN IS APPROVED A BUILDING PERMIT IS REQUIRED

COMMENTS: _____

APPROVED _____

THIS ACTION IS CONDITIONED ON THE INFORMATION PRESENTED BEING
TRUE AND ACCURATE.

DISAPPROVED _____

DATE

ZONING OFFICER

DATE REVIEWED BY JOINT LAND USE BOARD _____ APPROVED _____ DENIED _____

THANK YOU