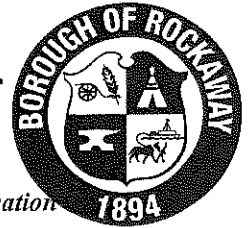


SIGN PERMIT

Tel (973) 627-2000
Fax (973) 627-8294

Borough of Rockaway



MUNICIPAL BUILDING • 1 EAST MAIN STREET • ROCKAWAY, NEW JERSEY 07866

APPLICANT'S NAME: _____

application
no. _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PHONE (day): _____ (evening): _____

BLOCK: _____ LOT: _____ ZONE: _____

SIGN INFORMATION: A DETAILED SKETCH OF THE SIGN MUST BE SUBMITTED

New sign or replacement of existing: _____

Dimensions: _____

Total Square Footage: _____

Material of Sign: _____

Location of Sign: _____

Illuminated: yes / no (circle one)

Application fee is \$100.00

I hereby make application for a Sign Permit as described above. Upon approval of this application, I understand that all provisions of the Sign Ordinance of the Borough of Rockaway are to be complied. In addition, any existing signage from previous owners/tenants will be removed immediately.

date

signature of applicant

date

signature of owner

FOR OFFICE USE ONLY

approved: yes / no (circle one)

reason for denial/comments: _____

date

Zoning Officer

payment info: _____