

**Clinton Township Zoning**  
**1225 Route 31 Suite 411, Building D, Lebanon, NJ 08833**  
**Phone: (908) 735-8800 Ext. 217 Fax: (908) 735-0759**

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

BLOCK: _____ LOT: _____	
ADDRESS: _____	
MAILING ADDRESS (if Different): _____	
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.

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

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

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

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

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

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