



BOROUGH OF SHIP BOTTOM

GATEWAY TO LONG BEACH ISLAND

1621 Long Beach Boulevard

Ship Bottom, Ocean County, N.J. 08008

(609) 494-2171 or 2172 Fax (609) 361-8484

NO. _____
FEES _____
CASH _____
CHECK _____

APPLICATION FOR SIGN PERMIT

Date of Application: _____

Owner: _____

Telephone No.: _____

Address: _____

Name of Applicant if other than owner _____

Sign Location (Street Address) _____

Block _____ Lot(s) _____ Zone _____

Type of Sign: Wall () Window () Ground () Free Standing ()

Dimensions of Sign: Width _____ Height _____ Height top above grade _____

Area of the Sign: (Including Trim) _____

Will the sign be Lettered? _____ One Side () Two Sides () Same on both Sides ()

Will sign be illuminated? Yes () No ()

Note: Flashing or moving signs are PROHIBITED

Color: Background _____ Lettering _____

Dimensions of wall to which wall or window sign will be attached.

Height _____ Width _____ Area _____

****NOTE:** In making application for any free standing sign, the applicant shall provide a plot plan or survey of the property not over one year old or if such survey of the property not over one year old or if such survey or plot plan is over one year old it shall be accompanied by an affidavit sworn under oath by the applicant that the plot plan or survey remains accurate and that no changes have been made in the property. Such survey or plot plan shall be certified to and sealed by a licensed surveyor or engineer of the State of New Jersey.

DATE _____

APPLICANT'S SIGNATURE _____

ATTEST _____

CORPORATION/ASSOCIATION _____

SECRETARY _____

AUTHORIZED OFFICER _____

Permit Approved: _____
DATE _____

OFFICIAL _____

Permit Denied: _____
DATE _____

OFFICIAL _____

Reason for Denial and/or Remarks:

Copies: File Original
Applicant