

TOWNSHIP OF CHERRY HILL
FREESTANDING SIGN
APPLICATION FOR PERMIT

APPLICATION NUMBER _____

\$20.00 App. Fee

NAME OF BUSINESS _____ OWNER _____

ADDRESS OF BUSINESS _____ TOWN _____ ZIP _____ PHONE _____

NAME OF SIGN INSTALLER _____ PHONE _____

ADDRESS _____ TOWN _____ STATE _____ ZIP _____

NAME OF PROPERTY OWNER _____ PHONE _____

ADDRESS _____ TOWN _____ STATE _____ ZIP _____

BLOCK _____ VARIANCE # _____ NEW SIGN _____

LOT _____ DATE _____ CHANGE OF COPY _____

ZONE _____ PREVIOUS BUSINESS _____

FUNCTIONAL _____

CHANGEABLE COPY _____

ILLUMINATED _____

DIMENSIONS OF SIGN

HEIGHT _____ FEET

X WIDTH _____ FEET

TOTAL _____ SQ.FEET

LINEAL FRONT FOOTAGE OF BUILDING _____ FT. PERMITTED _____ SQ.FEET

PRINCIPAL STREET _____ FT. REQUIRED 50 FEET

SECONDARY STREET FRONTAGE _____ FT. REQUIRED FOR 2ND SIGN

DISTANCE FROM SIDELINE _____ FT. REQUIRED 15 FEET

DISTANCE FROM CLOSEST FREESTANDING SIGN _____ FT. REQUIRED 50 FEET

HEIGHT TO TOP OF SIGN _____ FT. PERMITTED 17 FEET

HEIGHT TO BOTTOM OF SIGN * _____ FT. REQUIRED 8 FEET

DISTANCE FROM RIGHT OF WAY (PROPERTY LINE) * _____ FT. REQUIRED 10 FEET

DISTANCE FROM INTERSECTION OF STREET OR DRIVEWAY * _____ FT. REQUIRED 50 FEET

- **ONE OF THESE THREE MUST MEET REQUIREMENTS**

FOR A NEW SIGN, ATTACH A PLOT PLAN SHOWING:

SITE RELATED DIMENSIONS

STRUCTURAL DESIGN

NO PHONE NUMBERS OR WEB SITES PERMITTED ON SIGNS

METHOD OF ILLUMINATION AND INTENSITY OF LIGHT

FOR ALL SIGNS, ATTACH THE FOLLOWING:

A SCALE DRAWING OF THE SIGN:

DIMENSIONS OF THE SIGN

COLOR SCHEME

MESSAGE ON EACH SIGN FACE

PHOTO OF THE SITE WITH NORMAL LENS FROM APPROXIMATELY 40 FEET

WRITTEN APPROVAL FROM THE OWNER

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

DATE _____

SIGNATURE OF APPLICANT _____

TAXES PAID _____
ZONING APPROVAL # _____

PLEASE TAKE COPY TO BUILDING INSPECTIONS

COMMENTS: _____

APPROVED _____

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

DISAPPROVED _____

DATE

MEMBER OF COMMUNITY DEVELOPMENT

DATE _____ RECEIPT NUMBER _____ AMOUNT \$ _____
