TOWNSHIP OF BERKELEY HEIGHTS

29 Park Ave.
Berkeley Heights, NJ 07922
908-464-2700

BANNER REQUEST

(Temporary Only)

Date: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone #: _____, Applicant's E-mail: _____

Address of Temporary Sign: _____, Block #: _____, Lot # _____

Location of Temporary Sign: (check one) building façade: _____, ground: _____, other: _____

Diagram, Graphics, Illustration or Photo of the sign and its contents including dimensions and area shall be submitted with this BANNER REQUEST.

A photograph of the building façade which indicates an accurate location of the sign to be placed on the building façade or plot plan showing an accurate location on the property shall be submitted with this BANNER REQUEST. If the sign is to be located across one of the public streets, check here _____ (no photograph or plot plan is required). **BANNERS ACROSS SPRINGFIELD AVENUE REQUIRE A CERTIFICATE OF LIABILITY INSURANCE AND A HOLD HARMLESS AND IDEMNIFICATION AGREEMENT.**

Name of person, firm or association erecting the sign: _____

_____

Duration of temporary sign request, include dates: _____

Reason for temporary sign: _____

Written consent of the owner of the building, structure or land to which, or upon which, the sign is to be attached or erected is required.

_____ _____

Applicant's Signature Date Property Owner's Signature Date

Zoning Approval: _____ _____

Thomas A. Bocko, Zoning Officer Date

Clerk Approval: _____ _____

Ana Minkoff, Municipal Clerk Date

COMMENTS/CONDITIONS: _____

_____