

**TOWNSHIP OF LITTLE FALLS
SIGN APPLICATION**

FEE: \$50.00

1. PROPERTY INFORMATION *(Applicant to Complete)*

Address _____ Zone: _____

Block _____ Lot(s) _____ Type of Use: _____

Hours of Operation: _____

Street Frontage: _____ Secondary Frontage *(If Corner Property)* _____

Is this a New or Existing Business? _____

Has there been any previous application involving these premises? () Yes () No;

If yes, nature of application, date, and determination *(Attach Documents if Necessary)*

Restrictions, covenants, easements, association by-laws, existing or proposed on the property.

() Yes [attach copies] () No () Proposed

2. APPLICANT INFORMATION *(Applicant to Complete)*

Name _____

Address _____

City/State/Zip _____

Phone # _____ FAX # _____

E-Mail _____

Applicant is a: () Corporation () Partnership () Individual

If the applicant is NOT the owner of the property, an affidavit of ownership is required to be included with the application.

3. OWNER'S INFORMATION *(Applicant to Complete)*

If the Owner is other than the applicant, provide the following information on the Owner(s):

Owner's Name: _____

Address: _____

Telephone Number: _____

4. SIGN COMPANY *(Applicant to Complete)*

Name _____

Address _____

Phone # _____ FAX _____

E-Mail _____

5. NATURE OF THE APPLICATION

(Check all applicable items that describe the sign being installed)

<input type="checkbox"/> Billboard	<input type="checkbox"/> Hanging Sign
<input type="checkbox"/> Message Board	<input type="checkbox"/> Blade Sign
<input type="checkbox"/> Digital Sign	<input type="checkbox"/> Pump Island Canopy Sign
<input type="checkbox"/> Externally Illuminated Sign	<input type="checkbox"/> Roof Sign
<input type="checkbox"/> Flashing Sign	<input type="checkbox"/> Temporary Sign
<input type="checkbox"/> Free Standing or Ground Sign	<input type="checkbox"/> Wall Sign
<input type="checkbox"/> Internally Illuminated Sign	<input type="checkbox"/> Window Sign
<input type="checkbox"/> Indirectly Lighted Sign	<input type="checkbox"/> Sign Alteration
<input type="checkbox"/> Marquee	<input type="checkbox"/> Sign Repair
<input type="checkbox"/> Monument Sign	<input type="checkbox"/> Pylon Sign

1. Is there lighting around the perimeter of any Window?

YES NO

2. Will the sign encroach upon the public right of way?

YES NO

3. Is the sign obstructing any window, door, fire escape, or stairway?

YES NO

4. Is the sign located on a roof?

YES NO

5. Is the sign painted on the surface of a building?

YES NO

6. Is the sign animated, moving, or revolving?

YES NO

APPLICATION SUBMITAL SHALL CONTAIN THE FOLLOWING ITEMS BELOW: If all boxes are not checked the application will be considered incomplete and will not be accepted for review

- Completed and Signed Application
- Photos of all existing signage of premises

Two COLOR sets of Plans containing the following:

- Conceptual view of Signage on Building
- Street Frontage Measurements
- Number of Signs
- Area of Sign
- Width of Sign
- Height of Sign
- Depth of Signs
- Valance Height if applicable
- Clearance of Sign from Finished Grade
- Letter Height
- Location of Sign
- Set Back of Sign from Property Line
- Type of Illumination and light intensity in foot-candle

I hereby affirm that all of the above and statements contained in the papers submitted herewith are true.

Signature of Applicant or Agent: _____ **Date:** ____/____/____