

BOROUGH OF WATCHUNG

15 Mountain Boulevard
Watchung, NJ 07069
Phone: 908-756-6093 Fax: 908-668-8048



SIGN APPLICATION – ZONING DEPARTMENT

Date: _____

Applicant's Name: _____

Address: _____

Contact #s: _____ [day] _____ [cell or other]

Block: _____ Lot: _____ Zone: _____

Sign Site Location: _____

The following must be submitted with this application:

1. Attached drawing showing dimensions of sign and lettering
2. Attached drawing showing dimensions of the face wall on which it will be attached
3. Attached site plan showing location if free standing

Will this sign be illuminated? No: _____ Yes: _____

If YES, describe _____

Signature of Applicant

Date

-----*Official Use Only*-----

APPROVED: _____ DENIED: _____

Comments: _____

Carolyn Taylor
Zoning Officer

Date

Fee Paid: Check # _____ Cash _____ Date: _____

Fee: \$1.00 Per Square Foot – Minimum fee \$12.00

Revised: 8/8/19