

TOWNSHIP OF BLAIRSTOWN
COUNTY OF WARREN – STATE OF NEW JERSEY

OFFICE OF THE ZONING OFFICIAL
908-362-6663, EXT. 231

SIGN PERMIT FORM

Fee: \$50.00

Block: _____ Site Address: _____ Date: _____

Lot: _____ Zone District: _____ Lot Size: _____

Applicant: _____ Home/Cell No. _____

Fax No. _____ Office No. _____

On Behalf of: _____

Name of Previous Owner/Tenant (if applicable):

Has a variance been granted on the Lot? Yes No

If so, when: _____

Please provide below plan(s) or sketch of the size of the sign, lettering thereon, method of illumination, if any, color(s) of the sign, and exact proposed location.

I hereby certify that the above information is true to the best of my knowledge.

Applicant Signature

Date Paid: _____

Check No: _____

Based on the information, this application is:

Denied Approved

Permit No.: _____

Reason for Denial: _____

Date: _____