

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 AND PLAINFIELD AVENUE REQUIRE A CERTIFICATE OF LIABILITY INSURANCE AND A HOLD HARMLESS AND IDEMNIFICATION AGREEMENT.**

*****BANNER SHOULD INCLUDE CARABINER SNAP HOOKS AND ROPE FOR HANGING*****

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: _____