



Sign

Zoning Permit Application

Minimum requirements

A. COMPLETED ZONING APPLICATION

1. FILL IN Entire Zoning Permit
2. Application must be signed by BOTH the applicant and the owner of the property (landlord, homeowner, management company, etc.)
3. Briefly describe the work that is being conducted (#5)

B. THREE (3) COPIES OFFICIAL PROPERTY SURVEY/KEY MAP

1. Survey must be drawn to scale- not reduced or enlarged
2. Survey must indicate property as it presently exists, showing all updates or improvements.
3. Survey must show all proposed work, also drawn to scale, indicating all dimensions and measurements

C. THREE (3) COPIES OF REQUIRED CONSTRUCTION DRAWINGS.

1. Construction drawings must correspond with what is on the property survey or key map
2. Two (2) copies will stamped and returned to the applicant to be submitted to the Building Department for construction permits.

D. RESIDENTIAL

*** All Additions, sunrooms, enclosed porch, new SFD, ETC. ***

1. All of the Above
2. FAR (Floor Area Ratio) Certification Sheet - signed & sealed

E. PAYMENT IS DUE AT TIME OF RECEIPT OF APPLICATION

1. Check, Money Order, or Cash (EXACT CHANGE)
2. NO DEBIT OR CHARGE CARDS will be accepted.

Additional Information that may be needed:

- * Zoning or Planning Board Resolutions
- * Final Compliance letters
- * Engineering reports
- * Approvals from any outside agencies (Somerset Soil, etc.)

Incomplete Applications **WILL NOT** Be accepted. If you have any questions, you may reach our office at (908) 276-5802. Thank you



Borough of Kenilworth

567 Boulevard
Kenilworth , New Jersey 07033

ZONING PERMIT

APPL. NO: _____

DATE: _____

FEE: _____

BLOCK: _____ LOT: _____

PERMIT FEE \$50.00

****COMPLETE APPLICATIONS MUST INCLUDE PLANS IN ACCORDANCE WITH THE INSTRUCTION SHEET AND APPLICABLE FEES.****

TYPE OF APPLICATION

- | | |
|---|---|
| <input type="checkbox"/> Minor Residential Alteration | <input type="checkbox"/> Alterations to Multi-Family and/or |
| <input type="checkbox"/> Residential Alteration | <input type="checkbox"/> Non-Residential structures ; SIGNS* |
| <input type="checkbox"/> New Single Family Structure | <input type="checkbox"/> New Non-Residential Structure Const. |
| <input type="checkbox"/> New Multi Family Structure | <input type="checkbox"/> Certificate of Non-Conformity |
| <input type="checkbox"/> New Two Family Structure | <input type="checkbox"/> Change of Occupancy |
| <input type="checkbox"/> Other : Describe | |

**ALL SIGN PROPOSALS REQUIRE THE ADDITIONAL SIGN FORM TO BE COMPLETED & SUBMITTED WITH THIS FORM.
PLEASE PRINT CLEARLY**

1. Applicant's Name: _____ Tel. No. _____

Applicant's Address: _____

Email Address: _____

2. Property Owner's Name _____ Tel. No. _____

Property Owner's Address: _____

3. Location of property for which Zoning Permit is desired: Zone _____

Street Address: _____

4. Use of Property: Residential []; Commercial []; Office []; Industrial []; Other []

Describe present use: _____

Describe proposed use: _____

Describe proposed construction, alterations, additions or changed at the subject site: _____



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5. Is a change of occupancy or tenancy involved in this application: Yes [] No []

If yes, describe _____

5. Has the subject premises been the subject of prior application to the Zoning Board of Adjustments or Planning Board to the applicant's knowledge. Yes [] No []

If Yes, state date: _____ Board _____ Resolution # _____

Disposition of Application: _____

ALL APPLICATIONS MUST BE SIGNED:

Applicant Signature

Print Name Applicant

Property Owner Signature or Designated Agent

Print Name (Owner)

=====

OFFICE USE ONLY:

Based on the information submitted and the requirements of the Borough Zoning Ordinance, your application for Zoning Permit is hereby:

APPROVED: _____ DENIED: _____

Comments on Decision: _____

Zoning Officer

Date



Sign

SIGN INFORMATION SHEET

This information sheet must be completed and submitted with the completed Zoning Permit Application for ALL signs.

PLEASE PRINT:

1. Applicant's Name: _____ Address: _____

2. Site location for proposed sign: (Address) _____

3. Number of signs proposed:

Freestanding: _____ Signs attached to building: _____ Awing Signs: _____

FREESTANDING SIGNS:

Height (above grade) of freestanding sign(s): _____

Dimensions of freestanding sign(s): _____

Setback from closest property sign(s): _____

Height of principal building on lot: _____

Total sign area proposed: _____

Method of illumination: _____

SIGN ON BUILDINGS

Width of building front fascia: _____

Height of building front fascia: _____

Dimensions of proposed wall signs(s): _____

Height of signs(s) (above grade): _____

Total area proposed: _____

Method of illumination: _____

AWING SIGNS:

Dimensions of awing area covered by letters: _____

Total area of signage on awnings: _____

4. Is this application for the replacement of an existing sign? Yes _____ No _____

Describe: _____

5. Are you replacing an existing sign lens with a new or different message? Yes _____ No _____

Describe: _____

Signature of Applicant: _____ Date: _____



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