

CITY OF ASBURY PARK
ONE MUNICIPAL PLAZA
ASBURY PARK, NEW JERSEY 07712

PHONE: (732) 775-2100
WWW.CITYOFASBURY.PARK.COM



JOHN MOOR, MAYOR
AMY QUINN, DEPUTY MAYOR
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JESSE KENDLE, COUNCILPERSON

MICHAEL N. CAPABIANCO, CITY MANAGER
CINDY A. DYE, RMC, CITY CLERK

Sign Permit Application

Zoning Control# _____

Received: _____

Site Address _____ Asbury Park, NJ

Block: _____ Lot _____

Applicant Name: _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

Property Owner Name (If different): _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

Existing use: _____ Zone _____
(Commercial, office, restaurant, etc.)

Completely describe the proposed construction, alteration or renovation project. Attach a drawing/rendition of the proposed sign & include dimensions, materials, and area coverage. Provide a copy of the survey or photos of site, which clearly shows the location of the proposed sign:

Applicant's signature _____ Date _____

NOTE: **This is not a construction permit.** Construction without a permit from the construction official could result in substantial fines. A certificate of Zoning Compliance is required prior to the use of the occupancy of any new construction, addition, enlargement, conversion or structural alternation if of any building or structure. You must make an application for a certificate of zoning compliance prior to requesting a certificate of occupancy from the construction official.

Fee: \$25.00 Additional fees may be required for a construction permit.

Date paid: / / Cash / Check / M.O.#	Received by:
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