

**TOWNSHIP OF HOPE
COUNTY OF WARREN – STATE OF NEW JERSEY
P.O. BOX 284
HOPE, NJ 07844**

Office of the Zoning Official

(phone) **908-459-5011 ext. 3**

(fax) **908-459-5336**

ZONING APPLICATION

PERMIT NO. _____

SIGN PERMIT FORM

BLOCK _____ SITE ADDRESS _____ DATE _____

LOT _____ ZONE DISTRICT _____ LOT SIZE _____

APPLICANT _____ HOME PHONE _____

FAX# _____

ADDRESS _____

_____ BUSINESS PHONE _____

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 the exact proposed location.

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

Applicant Signature

Fee _____

Date Paid _____

Check # _____

Based on this information, this application is:

Approved _____ Denied _____ Reason for denial: _____

Zoning Officer

Date