



Borough of North Plainfield

Department of Health, Housing, & Property

263 Somerset Street

North Plainfield, New Jersey 07060

(908) 769-2900 ext. 2915

TEMPORARY SIGN PERMIT

DATE OF APPLICATION: _____

1. NAME OF BUSINESS:

2. NAME OF ON SITE PERSON RESPONSIBLE FOR SIGN:

3. PHONE: _____ EMAIL: _____

4. LOCATION OF BUSINESS WHERE SIGN WILL BE DISPLAYED:

5. TYPE OF SIGN: _____

DIMENSIONS: _____

LOCATION OF SIGN: _____

WORDING ON SIGN: _____

Please provide a copy of the property survey and show on the survey where the sign will be located.

6. DATE SIGN TO BE ERECTED: _____

DATE SIGN TO BE REMOVED: _____

(only 30 consecutive days per calendar year permitted)

7. APPLICANT/AGENT SIGNATURE:

FEE PAID (\$80.00) CASH/CHECK # _____

APPROVED/DENIED

Zoning Officer

Date