



CITY OF VINELAND
640 EAST WOOD ST
VINELAND, NJ 08360
LICENSEANDINSPECTION@VINELANDCITY.ORG

CITY OF VINELAND ZONING PERMIT APPLICATION FOR WALL SIGN

FEE: \$45.00 - Check or Money Order Only

- 1. Work Site: Block: Lot:
2. Is this a corner lot? Yes No What street does it intersect:
3. Property Owner: Mailing Address: Phone: Email Address:
4. Name of Business being advertised: Phone: Sign Copy (message on sign):
5. Sign Company: Phone: Address: Email Address: Fax #
6. List all structures/uses on lot:
7. Was a variance granted for sign? Yes No Planning Board Zoning Board Date:
8. Is this a changeable copy sign? Yes No How many times per day does copy change? (8 times maximum)
9. List the size of ALL EXISTING wall signs (in feet and inches) on this building (include ALL tenant spaces)
10. List the size of ALL PROPOSED wall signs (in feet and inches) on this building
11. List the exterior dimensions of EACH elevation (in feet and inches) of the building for which signage is proposed

Requirements for review: NO REVIEW WILL BE PERFORMED OF AN INCOMPLETE APPLICATION

- (a) BUILDING DRAWINGS (Three copies required) -- Must show exact size of each side of the building on which a sign is to be attached or painted.
(b) SIGN DRAWINGS (Five copies required) -- Detailed drawings required to show the size, construction and attachment of the sign to the building.
(c) SEALED ELECTRIC APPLICATION -- required for all new and replacement U.L. approval required for manufactured signs

Applicant Certification: I hereby certify that the information provided is true and correct, knowing that this application will be processed relying on same. I ACKNOWLEDGE THAT THE ZONING PERMIT IS NOT VALID UNTIL ALL CONDITIONS SET FORTH IN ZONING PERMIT HAVE BEEN SATISFIED.

Applicant Name (Print) Applicant Signature Date

Certification (REQUIRED if applicant is not the property owner). I certify that I do not have any objections to this signage.

Property Owner Name (Print) Property Owner Signature Date

Date Rec'd Time: By: Date Deemed Complete By:
Date Deemed Incomplete By: (see comments) Re-submission Date: Time:
Date Approved: By: Date Denied: By: (see comments) Zone:
Permit # Block(s) 1 2 3 4 a b c d e f See reverse side for comments
FEE PAID \$ CASH CHECK # DATE FEE DEPOSITED: (revised 12/23/21)