CITY OF VINELAND
WHERE IT'S ALWAYS GROWING SEASON

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

CITY OF VINELAND ZONING PERMIT APPLICATION FOR WALL SIGN

FEE: $46.00 - 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 Addresss: _____
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)
   - NORTH SIDE --- ☐ None _____ x _____ _____ x _____ _____ x _____ Total sq. ft._____
   - SOUTH SIDE --- ☐ None _____ x _____ _____ x _____ _____ x _____ Total sq. ft._____
   - EAST SIDE --- ☐ None _____ x _____ _____ x _____ _____ x _____ Total sq. ft._____
   - WEST SIDE --- ☐ None _____ x _____ _____ x _____ _____ x _____ Total sq. ft._____
10. List the size of *ALL PROPOSED* wall signs (in feet and inches) on this building
    - NORTH SIDE --- ☐ None _____ x _____ _____ x _____ _____ x _____ Total sq. ft._____
    - SOUTH SIDE --- ☐ None _____ x _____ _____ x _____ _____ x _____ Total sq. ft._____
    - EAST SIDE --- ☐ None _____ x _____ _____ x _____ _____ x _____ Total sq. ft._____
    - WEST SIDE --- ☐ None _____ x _____ _____ x _____ _____ x _____ Total sq. ft._____
11. List the exterior dimensions of *EACH* elevation *(in feet and inches)* of the building for which signage is proposed
    - NORTH SIDE --- _____ ft. HIGH x _____ ft. WIDE --- Total sq. ft. _____
    - SOUTH SIDE --- _____ ft. HIGH x _____ ft. WIDE --- Total sq. ft. _____
    - EAST SIDE --- _____ ft. HIGH x _____ ft. WIDE --- Total sq. ft. _____
    - WEST SIDE --- _____ ft. HIGH x _____ ft. WIDE --- Total sq. ft. _____

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. Each side must be identified by the direction that it faces. All existing and proposed signs and the sizes of each must be shown. Include entire side of building if more than one tenant space exists on that side. The sizes reflected on drawing should match information above.

(b) SIGN DRAWINGS *(Five copies required)* -- Detailed drawings required to show the size, construction and attachment of the sign to the building. Two of the five drawings may be required to be signed and sealed by NJ licensed architect/engineer, at the discretion of the Building Sub-Code Official. *Contact him first at (856) 794-4113.*

(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 12/27/22)*