

Tax Map Parcel # _____

SITE INFORMATION:	Facility Name (name of company, mall, institution, home owners assoc., etc.): _____ Building and/or Tenant Name _____ Street Address _____ City _____ State _____ Zip _____ Who Should Be Contacted: _____ Phone _____ E-Mail _____
SIGN INFORMATION:	<input type="checkbox"/> Free Standing Sign <input type="checkbox"/> Parallel Wall Sign <input type="checkbox"/> Projecting Wall Sign Est. Value of Project _____ Dimensions: Width _____ x Height _____ Distance from ground to bottom of sign _____ Illumination <input type="checkbox"/> None <input type="checkbox"/> Electrical <input type="checkbox"/> Flourescent <input type="checkbox"/> Incandescent <input type="checkbox"/> Other _____ Note: all electrical details must be shown on drawings.
PLAN REQUIREMENTS:	<p>Two copies of detailed plans and specifications for the proposed sign must accompany this application. These must be drawn to scale and sealed by a licensed architect or engineer. These plans must detail:</p> <ul style="list-style-type: none"> ● For Freestanding Signs greater that 8' overall height, plans shall be sealed by a licensed engineer or architect. For other signs, the BCO reserves the right to require sealed plans. ● The dimensions of the sign and any supporting members. ● If a wall sign, the dimensions of the wall surface of the building to which it will be attached and the location where sign will be attached. ● If a free-standing sign, the setbacks from property lines, buildings, driveways and the edge of an improved road or curb (shown on a plot plan). ● The materials, finish, and the construction including loads (wind & seismic), stresses, anchorage, and any illumination. ● Other pertinent engineering or construction data. ● An electronic version of all signed/sealed plans & drawings
APPLICANT INFORMATION:	Applicant Name _____ Address _____ _____ Phone _____ E-Mail _____ Applicant Signature _____ Date _____ Owner Name _____ Address _____ Phone _____ E-Mail _____
FOR TOWNSHIP USE ONLY:	Notes: _____ _____ Fee _____ Approved _____ Date _____