

HILLSBOROUGH TOWNSHIP  
SIGN REVIEW COMMITTEE  
SIGN WAIVER GUIDELINES AND APPLICATION

APPLICATION NAME \_\_\_\_\_  
SITE LOCATION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

1. APPLICATION GUIDELINES.

Please submit the following information in order to provide a complete application. The Sign Review Committee must hear and decide this request within forty five (45) calendar days of submission of a complete application, as determined complete by the Hillsborough Township Planning Department.

- \_\_\_\_\_ Complete Development Application Form
- \_\_\_\_\_ Provide Narrative Explaining Proposed Waiver Request
- \_\_\_\_\_ Submit Certificate Stating that Taxes have been Paid on Subject Property
- \_\_\_\_\_ Submit Required Application Fee: \$250 Plus \$75 for Each Additional Sign Requested After the Initial Sign
- \_\_\_\_\_ Submit Eight (8) copies of Proposed Sign Plan, Including the Location of Proposed Sign(s) on Property Survey which Indicates all Driveways, Building Footprints and Easements, as Applicable, as well as Other Sign Details, Including Lighting, Landscaping, Dimensions and Related Items

2. SIGN WAIVER APPLICATION

APPLICANT NAME \_\_\_\_\_  
APPLICANT ADDRESS \_\_\_\_\_  
APPLICANT PHONE NUMBER \_\_\_\_\_  
APPLICANT FAX NUMBER \_\_\_\_\_  
Corporation \_\_\_ Partnership \_\_\_ Individual \_\_\_ Other(specify) \_\_\_

If a corporation or partnership, list the names and addresses of all stockholders or individual partners owning at least ten percent (10%) of its stock of any class pursuant to NJSA 40:55D-48.1, et. seq. Include the state in which the corporation is incorporated and date of incorporation.

OWNER OF PREMISES \_\_\_\_\_  
OWNER'S ADDRESS \_\_\_\_\_  
OWNER'S PHONE NUMBER \_\_\_\_\_

Statement of Landowner where Applicant is not landowner:

*I, \_\_\_\_\_, the owner of Block \_\_\_\_\_, Lot(s) \_\_\_\_\_ in the Township of Hillsborough, Somerset County, New Jersey, hereby acknowledge and give my consent to this application.*

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*Landowner's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_  
OFFICE USE ONLY: Application # \_\_\_\_\_ Date Determined Complete \_\_\_\_\_  
Fee \$ \_\_\_\_\_ Check# \_\_\_\_\_ Receipt # \_\_\_\_\_ Permit# \_\_\_\_\_