

**HILLSBOROUGH TOWNSHIP
SIGN REVIEW COMMITTEE
SIGN WAIVER GUIDELINES AND APPLICATION**

APPLICATION NAME _____

SITE LOCATION _____

BLOCK _____ LOT (S) _____

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.

_____ DEVELOPMENT APPLICATION FORM (original only)

_____ NARRATIVE EXPLAINING PROPOSED WAIVER REQUEST (nine (9) copies)

_____ TAX INQUIRY CERTIFICATE STATING TAXES ON SUBJECT PROPERTY HAVE BEEN PAID (obtained through Tax Collector's office) (original only)

_____ REQUIRED APPLICATION FEE (\$50 fee plus \$75 for each additional sign requested after the initial sign – made payable to Hillsborough Township).

_____ NINE (9) COPIES OF THE PROPOSED SIGN PLAN, INCLUDING THE LOCATION OF THE PROPOSED SIGN(S) ON THE PROPERTY SURVEY (must indicate all driveways, building footprints, easements as applicable, as well as other sign details including lighting, required landscaping, dimensions, and related items).

SIGN WAIVER APPLICATION

APPLICANT NAME _____

APPLICANT ADDRESS _____

APPLICANT PHONE _____ FAX _____

E-MAIL (optional) _____

Corporation _____ Partnership _____ Individual _____ Other (please 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 _____ E-MAIL (optional) _____

Statement of 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.

Landowner's Signature

Date

OFFICE USE ONLY: Application # _____ Date Determined Complete _____
Fees \$ _____ Check# _____ Receipt # _____ Permit# _____