



CITY OF HILLSDALE

APPLICATION FOR PERMIT

<input type="checkbox"/> SIGN	<input type="checkbox"/> ZONING
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ALL ZONING PERMIT APPLICATIONS REQUIRE SITE PLAN DRAWING (SPACE ON REAR OF FORM)

Street Number and Street Name:

Applicant's Name	If applicant is not the owner of the property, provide the owner's contact information.	Contractor's Name
Mailing Address		Mailing Address
City, State, Zip		City, State, Zip
Telephone Number		Telephone Number

SIGN PLACEMENT OR USAGE (No signs may be placed in Public Right of Way)

Content of Sign:

Zoning District	Project Cost
<input type="checkbox"/> B-1* <input type="checkbox"/> I-1* <input type="checkbox"/> R-1 <input type="checkbox"/> RD-1 <input type="checkbox"/> B-2** <input type="checkbox"/> I-2* <input type="checkbox"/> R-2 <input type="checkbox"/> RM-1 <input type="checkbox"/> B-3* <input type="checkbox"/> O-1* <input type="checkbox"/> R-3	Structural \$ _____ Electrical \$ _____ TOTAL \$ _____
<p>* Area of main face of building _____ S.F. ** Lineal store front dimensions _____ L.F.</p>	
<p>Note: Separate electrical and building permits may be required.</p>	

Permanent Sign Information (Building and Trade Permits from County Inspection Department may be required)

<input type="checkbox"/> Wall	<input type="checkbox"/> Freestanding (How Tall ____ Ft.)	<input type="checkbox"/> Monument (How Tall ____ Ft.)
<input type="checkbox"/> Projecting (Clearances ____ Ft)	<input type="checkbox"/> Suspended (Clearance ____ Ft)	<input type="checkbox"/> Awning
<input type="checkbox"/> Canopy (Clearances ____ Ft)	<input type="checkbox"/> Marquee (Clearances ____ Ft)	

Temporary Sign Information:

A-Frame (Attach Insurance rider) How Tall ____ Ft.

Name of Event _____

Dates of Event _____ (Max 30 days)

Banner Wall Freestanding (Maximum 180 sign-days per calendar year allowed)

Sign Total Square Feet _____ Sq. Ft.

ZONING PERMIT INFORMATION

PROPOSED USE/ACTIVITY:

DISTRICT

SETBACKS: Front: ____ Ft. Rear ____ Ft Side ____ Ft Side ____ Ft

HEIGHT ____ Ft. **DENSITY**

Notes:

COMMENTS OR STIPULATIONS (Office Use Only)

Zoning Review \$25

Commercial Site Plan Review \$50

Approved **Denied**

Zoning Administrator

SITE OR PLOT PLAN (Submitted by Applicant)

[Large empty box for site or plot plan]

(Attach additional sheets, if necessary)

I hereby certify that I am the owner or the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. If damages occur to curb, sidewalk or terrace within the R.O.W. the owner will accept full responsibility and will be required to repair or replace damages at the owner's expense.

Signature

Date