

Borough of Collingswood Temporary Sign Application

Name of Business Owner: _____

Address: _____ City _____ State _____

Zip Code _____ Block _____ Lot _____ Phone: _____

Address of Business where sign is to be placed: _____

Name of Owner of Building (if different than business owner): _____

Address: _____ Phone: _____

Please provide the following (check all boxes):

- Scaled drawing showing where sign is to be placed
- Scale drawing of the sign; please note the following:
- Colors and Materials used
- Size/dimensions of sign
- Size and Style of lettering
- Placement of sign

Please note the following:

- Colors and Material used
- Design and lettering
- Any further pertinent information
- Proposed length of time sign is to be erected – From _____ To _____

The applicant agrees to hold-harmless and indemnify the Borough of Collingswood and its employees from and against any liability incurred arising out of or in any matter relating to the placement of any temporary sign or banner.

Signature of Applicant _____ Date _____

Zoning Officer Approval _____ Date _____