



Cresskill Building Department
 67 Union Avenue, Cresskill New Jersey 07626
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Temporary Sign Permit Application

Block: _____ **Lot:** _____ **Permit#: S** _____

Type of sign: Wall _____ Ground _____ Other _____

Exact wording on sign: _____

Purpose of sign: Land Sale _____ Building Sale _____ Contractor/Builder _____ Other _____

Address where sign will be located: _____

Location on premises where sign will be located: _____

Temporary Signs *must be located no closer than 20 feet* to any street line and **15 feet** to any property line

Sign Details: One or two sided _____ Total area each side (square feet) _____
 Material of sign _____ Colors used _____

Any other signs on the property? Yes / No *If yes, complete the following*

Number of existing signs: _____ **Area of each sign:** _____ **Locations:** _____

Realtor: _____
 Name _____ Address _____ Phone# _____

Owner: _____
 Name _____ Address _____ Phone# _____

 Signature of Owner

 Signature of Applicant

 Construction Official Date

Fee amount paid: \$50
 Time period: 6 months
 Check # _____
 Batch # _____