

**BOROUGH OF MADISON  
APPLICATION FOR ZONING PERMIT**

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

Date: \_\_\_\_\_ ZPA# \_\_\_\_\_

1. Name of Applicant or Authorized Agent: \_\_\_\_\_  
Please Print

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

2. Applicant's Address: \_\_\_\_\_

3. Name of Lot Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

4. Lot Owner's Address: \_\_\_\_\_

5. Address of Premises: \_\_\_\_\_

6. What type of Zoning Permit is being sought? Any Application for the permits below **requires a Survey** no older than 10 years. A "Certificate in Lieu of Oath" must be returned with each Application except when the survey is less than three months old.

Residential \$ 50.00  
Received \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_  
 Deck  Patio  Driveway  Fence  Shed  Pool/Hot Tub  Air Conditioning Unit/Generator  Dumpster  Other

Residential \$ 150.00  
Received \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_  
 Addition  Detached Garage  Other

Residential \$ 300.00  
Received \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_  
 New Dwelling

Change of Tenancy/Change in Use \$50.00  
Received \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_

Permanent Sign Permit \$100.00  
Temporary Sign Permit \$ 50.00  
Received \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_  
 Temporary  Permanent  Sandwich Board

7. For Change in Tenancy/Change in Use – What are the premises presently being used for: \_\_\_\_\_

8. What is the Proposed Use: \_\_\_\_\_

9. Existing Days/Hours of Operation: \_\_\_\_\_ Proposed Days/Hours of Operation: \_\_\_\_\_

10. Number of Proposed Employees: \_\_\_\_\_ Existing Parking Spaces On-site: \_\_\_\_\_

11. Gross Floor Area to be Occupied: \_\_\_\_\_ Solid Waste Facilities available On-site: Y / N - Describe: \_\_\_\_\_

12. Will there be any Storage or Handling of Chemicals or Hazardous Substances? Y / N – Describe: \_\_\_\_\_

**I (we) hereby declare and represent to the Borough of Madison  
that the statements made by me (us), in this application are true and are made for the purpose of inducing the Zoning Official  
to issue a Zoning Permit.**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
or Authorized Agent

**BOROUGH OF MADISON  
SIGN PERMIT APPLICATION ADDENDUM  
LAND USE CODE CHAPTER 195-34 AND SCHEDULE IV**

Date: \_\_\_\_\_ ZPA#: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_ Historic District: Y/N

Address of Property in Question: \_\_\_\_\_

1. Name of Applicant or Authorized Agent: \_\_\_\_\_

2. Applicant's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

3. Name of Property Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

4. Property Owner's Address: \_\_\_\_\_

5. What type of Sign Permit is being sought? (Check all that apply) Application must have a Letter of Approval from Building Owner/Landlord for all signage.

Temporary  Banner  Building Mounted  Canopy  Freestanding  Window  Sandwich Board  Other

6. Permit Fee :  \$100.00 Received (Init.) \_\_\_\_\_ Cash Y / N Check# \_\_\_\_\_

Permit Fee for Temporary Signs:  \$50.00 Received (Init.) \_\_\_\_\_ Cash Y / N Check# \_\_\_\_\_

7. Prior Site Plan or associated Master Signage Plan ?  YES  NO Case No: \_\_\_\_\_

**FOR EACH SIGN PLEASE PROVIDE THE FOLLOWING: ( ATTACH SEPARATE SHEETS AS NECESSARY )**

**BUILDING MOUNTED SIGNS**

\_\_\_ Location on Building face with distance from ground, sides and roof \_\_\_\_\_  
\_\_\_ Building width \_\_\_\_\_ Sign Dimensions (Length) \_\_\_\_\_ (Width) \_\_\_\_\_  
\_\_\_ Illumination and Type \_\_\_\_\_ Lettering (Style) \_\_\_\_\_ (Size) \_\_\_\_\_ (Color) \_\_\_\_\_  
\_\_\_ Background Color \_\_\_\_\_ Color Rendering (size) \_\_\_\_\_

**WINDOW**

\_\_\_ Location on Building face with distance from ground, sides and roof \_\_\_\_\_  
\_\_\_ Building width \_\_\_\_\_ Sign Dimensions (Length) \_\_\_\_\_ (Width) \_\_\_\_\_  
\_\_\_ Illumination and Type \_\_\_\_\_ Lettering (Style) \_\_\_\_\_ (Size) \_\_\_\_\_ (Color) \_\_\_\_\_  
\_\_\_ Background Color \_\_\_\_\_ Total Window Area \_\_\_\_\_

**TEMPORARY/BANNER**

\_\_\_ Location on Building face with distance from ground, sides and roof \_\_\_\_\_  
\_\_\_ Background Color \_\_\_\_\_ Sign Dimensions (Length) \_\_\_\_\_ (Width) \_\_\_\_\_  
\_\_\_ Duration Requested \_\_\_\_\_ Lettering (Style) \_\_\_\_\_ (Size) \_\_\_\_\_ (Color) \_\_\_\_\_

**SANDWICH BOARD** (Sandwich Boards REQUIRE a Certificate of Insurance listing Borough of Madison as additional insured)

\_\_\_ Location with distance from building, doorway, walkway or curb \_\_\_\_\_  
\_\_\_ Background Color \_\_\_\_\_ Sign Dimensions (Length) \_\_\_\_\_ (Width) \_\_\_\_\_  
\_\_\_ Duration Requested \_\_\_\_\_ Lettering (Style) \_\_\_\_\_ (Size) \_\_\_\_\_ (Color) \_\_\_\_\_

I (we) herby declare and represent to the Borough of Madison that the statements in this application are true and are of sufficient detail for the Zoning Official to issue a Sign Permit Application decision.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
or Authorized Agent