

**Borough of Rockaway**  
**1 East Main Street**  
**Rockaway, NJ 07866**  
**973-627-2000**



**ANNUAL A-FRAME SIGN PERMIT**

Permit Year: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

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

Business Hours of Operation: \_\_\_\_\_

**Sign Information:**

Size of sign to be displayed: \_\_\_\_\_

Location of sign: \_\_\_\_\_

**NO SIGN IS PERMITTED TO BE PLACED ON THE SIDEWALK  
OR SHALL OBSTRUCT PEDESTRIAN TRAFFIC**

I hereby make an application for an A-frame sign as described above. Upon approval of this application, I understand that all provisions of the Sign Ordinance are to be complied. I also understand that this permit must be applied for and approved on an annual basis.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*\*\*\*\*

***FOR OFFICE USE ONLY***

Issuing Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Reason for denial/comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Zoning Officer

\_\_\_\_\_  
Date