

Township of Wall
Zoning Permit Application
Commercial Outdoor Displays & Sales

1. Property owner's name: _____

Address: _____ Zip Code _____

Phone #: _____ Email: _____

2. Applicant's name: _____

Address: _____ Zip Code _____

Phone #: _____ Email: _____

3. Site address: _____

Block(s): _____ Lot(s): _____

4. Date(s) for outdoor display: _____

5. Date(s) for outdoor sales: _____

6. Additional information: _____

7. Submit application fee of \$40.00 (checks made payable to the Township of Wall).

Applicant certifies that all of the statements and information provided herein are true to the best of his knowledge, information and belief and further states that all municipal ordinances, regulations, conditions and requirements of the Ordinances of the Township of Wall shall be complied with.

Applicant's signature: _____ Date: _____