

SIGN AND FACADE PROCEDURES

THE CITY OF ENGLEWOOD "SIGN REGULATIONS" ORDINANCE #17-05 DOCUMENT IS AVAILABLE AT THE BUILDING DEPARTMENT
AND COULD ALSO BE LOCATED AT THE FOLLOWING LINK:

<https://ecode360.com/documents/EN2705/public/455788482.pdf>

IN ORDER TO RECEIVE A PERMIT, THE FOLLOWING INFORMATION MUST BE INCLUDED IN YOUR APPLICATION PACKET

- A CONSTRUCTION PERMIT JACKET **AND** A BUILDING SUBCODE TECHNICAL SECTION FORM. Both must be fully completed (the items are located on the second floor of the municipal building at the Building Department, or you may complete UCC Forms # F100 and F110 which can be found using web address
<https://www.nj.gov/dca/divisions/codes/resources/constructionpermitforms.html>)
- AN ELECTRICAL SUBCODE TECHNICAL SECTION FORM, IF YOUR PROPOSED SIGN/AWNING HAS ANY ELECTRICAL ELEMENTS (the form is located on the second floor of the municipal building at the Building Department, or you may complete UCC Form # F120 which can be found using web address
<https://www.nj.gov/dca/divisions/codes/resources/constructionpermitforms.html>)
- A PHOTO OF THE INTENDED BUILDING **AND** PHOTOS OF THE PROPERTIES TO THE LEFT AND RIGHT OF THE BUILDING
- **THREE COPIES OF DRAWINGS** CLEARLY SHOWING GRAPHICS, **SIZE** OF AWNING OR SIGN, **SIZE** OF LETTERS AND LOGOS.

THE DRAWINGS MUST INCLUDE THE FOLLOWING INFORMATION:

* Type of Sign	* Sign Background	* Type of Supports	* Sign Materials	* Type of Letters
* Weight of Sign	* Projection over Sidewalk	* Height above Sidewalk		
* Name of Contractor preparing the plans	* Date of plans	* Project Address		

IF THE SIGN IS ILLUMINATED, INCLUDE INFORMATION SUCH AS:

* Method of Illumination	* Percentage of Opaque	* Type of Light Box
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- APPROVAL FORM COMPLETED AND SIGNED BY OWNER OF BUILDING
- A HOLD HARMLESS AGREEMENT SIGNED BY YOUR LANDLORD OR APPROVED AGENT **ONLY IF YOU ARE INSTALLING OR CHANGING AN AWNING OR PROJECTING SIGN**
(No permit can be issued for any projecting sign which extends over City property until a certificate of liability insurance has been filed with the Chief Inspector as required by the Sign Ordinance of the City of Englewood. See City Ordinance #79-34 for complete insurance requirements.)
- FABRIC SWATCHES FOR AWNING ONLY, A COLOR RENDERING IS NOT SUFFICIENT. **INCLUDE AN ORIGINAL, FLAME RESISTANT CERTIFICATE COMPLETED BY THE FABRIC COMPANY**
- IF YOU ARE NOT A REGISTERED CONTRACTOR WITH THE CITY OF ENGLEWOOD, THEN THE APPLICATION FOR CONTRACTORS REGISTRATION MUST BE COMPLETED

YOU MUST NOT START ANY WORK UNTIL PERMIT IS IN HAND

ANY QUESTIONS, PLEASE CALL (201) 871-6645

STATE OF NEW JERSEY
COUNTY OF BERGEN
CITY OF ENGLEWOOD

DATE: _____

I _____ CERTIFY THAT I AM THE OWNER OF THE PROPERTY
LOCATED AT _____ IN ENGLEWOOD, NEW JERSEY.
THIS PROPERTY IS DESIGNATED AS BLOCK _____ LOT _____ ON THE ASSESSMENT
MAP OF THE CITY OF ENGLEWOOD.

I HEREBY AUTHORIZE _____ TO MAKE APPLICATION FOR A SIGN PERMIT
PURSUANT TO ORDINANCE # 79-34.

SIGNATURE OF OWNER: _____

ADDRESS OF OWNER: _____

SWORN BEFORE ME THIS _____ DAY OF _____ 20 _____

NOTARY PUBLIC

HOLD HARMLESS AGREEMENT FOR AWNING & PROJECTING SIGNS

THIS AGREEMENT made this _____ day of _____, 20_____,

by and between _____

residing or having offices located at _____

_____ (hereinafter referred to as the "Owner") and the CITY OF ENGLEWOOD, with offices located at 2-10 North Van Brunt Street, Englewood, New Jersey (hereinafter referred to as the "City"),

WITNESSETH:

WHEREAS, the Owner is the owner of certain premises located within the City of Englewood known as designated as Lot _____ in Block _____ as shown on the Tax Map of the City of Englewood and commonly known as _____; and

WHEREAS, certain improvements constructed upon said premises encroach upon the City's right-of-way as more particularly described below:

; And

WHEREAS, The Owner has requested the consent of the City to a license to permit such encroachment, NOW, THEREFORE, in consideration of the mutual promises and conditions hereinafter contained, the parties agree as follows:

1. The City hereby consents to a temporary license to continue the aforesaid encroachment within the City's right-of- way. Such license is revocable at any time by the City.
2. Upon the revocation of such license, the Owners shall cause the encroachment to be removed within thirty (30) days following such revocation.
3. The Owner agrees to indemnify and hold harmless the City its officers, employees and agents from any and all claims for damages and liability arising by reason of the aforesaid encroachment into the City's right- of – way, including, but not necessarily limited to, the cost of defending any such action for damages, including reasonable legal fees.

IN WITNESS WHEREOF, the parties hereto have set their hands and seals the day and year first written above.

ATTEST:

CITY OF ENGLEWOOD

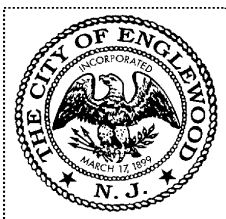
_____ BY: _____

WITNESS:

Building Owner

SWORN BEFORE ME THIS _____ DAY OF _____ 20_____

NOTARY PUBLIC



Englewood

2-10 N. Van Brunt Street • Englewood, N.J. 07631 • (201) 871-6642 • Fax (201) 816-8018

APPLICATION FOR CONTRACTOR'S REGISTRATION

If registration is for a company, partnership or corporation, the notarized signature at the bottom of this form must be that of the Principal Officer thereof. Annual Fee \$50 payable to City of Englewood.

APPLICATION MUST BE RETURNED WITH THE CERTIFICATE OF LIABILITY NAMING THE CITY OF ENGLEWOOD AS THE CERTIFICATE HOLDER.

NAME OF CONTRACTOR OR FIRM: _____

OFFICE ADDRESS: _____

Business Phone () _____ EMAIL: _____

NAME & ADDRESS OF PRINCIPAL OFFICER, IF APPLICANT IS A COMPANY, PARTNERSHIP OR CORPORATION: _____

FEDERAL EMPLOYEE NO.: _____

CLASSIFICATION UNDER WHICH REGISTRATION IS REQUESTED

PLEASE CHECK ONE

- GENERAL CONTRACTOR FOR LARGE BUILDING PROJECTS
- CONTRACTOR FOR SMALL BUILDINGS & ALTERATIONS
- ROOFING & SIDING CONTRACTOR
- DEMOLITION CONTRACTOR
- SWIMMING POOL CONTRACTOR
- SIGN & BILLBOARD CONTRACTOR
- MISCELLANEOUS CONTRACTOR

NUMBER OF YEARS FIRM HAS BEEN LOCATED AT ABOVE ADDRESS. (IF FIRM HAS BEEN AT ABOVE ADDRESS FOR LESS THAN TWO YEARS, GIVE PREVIOUS ADDRESS.):

DOES FIRM CARRY PUBLIC LIABILITY INSURANCE: _____

IF SO, STATE AMOUNT OF COVERAGE: _____

NAME OF COMPANY WRITING YOUR LIABILITY INSURANCE: _____

DOES FIRM HAVE A LICENSED ENGINEERING/ARCHITECT ON STAFF: _____

IF SO, STATE NAME & LICENSE NUMBER OF ENGINEER/ARCHITECT: _____

SWORN TO ME THIS _____ DAY OF _____ 20_____

NOTARY _____ APPLICANT _____