



**SIGNAGE REVIEW APPLICATION**  
**FOR HISTORIC PRESERVATION COMMISSION REVIEW**

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**PLEASE PROVIDE  
THE NAME AND  
CONTACT FOR  
THE COMPANY  
MANUFACTURING  
YOUR SIGN:**

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

**CHECKLIST & SUPPLEMENTAL APPLICATION MATERIALS**

**A COMPLETE APPLICATION MUST INCLUDE THE FOLLOWING ITEMS. THEY SHOULD BE ATTACHED TO THIS FORM. PHOTOS AND DRAWINGS MUST BE IN COLOR. APPLICATIONS WITHOUT THE FOLLOWING INFORMATION WILL NOT BE COMPLETE AND WILL NOT BE REVIEWED.**

**\*\*\* PLEASE RETURN THE COMPLETED APPLICATION AND SUPPLEMENTAL MATERIALS TO THE LETTERHEAD ADDRESS ABOVE. DO NOT FAX PHOTOS OR DRAWINGS. \*\*\***

❶ A **SCALED DRAWING** of the proposed sign(s). The drawing should clearly indicate sign dimensions, letter height, total square feet, and how the sign is attached to the building.

Check if you have attached the above listed items to this application.

❷ A **DRAWING / RENDERING** of the proposed sign(s) that clearly show the location of the proposed signs on the building.

Check if you have attached the above listed items to this application.

❸ **PHOTOS** of the building from different angles.

Check if you have attached the above listed items to this application.

❹ **SAMPLE** of the material to be used for a sign awning. Do not include samples for flat signs.

Check if you have attached the above listed items to this application.

➡ Please refer to the following City of Paterson ordinances for further details concerning approved signs for the Great Falls, Downtown Commercial and/or Eastside Park Historic Districts.

INITIAL