

**SPARTA TOWNSHIP
ZONING DEPARTMENT
65 MAIN STREET
SPARTA, NJ 07871**

Zoning@spartanj.org

ADVERTISEMENT SIGN INSTRUCTIONS AND CHECKLIST

Zoning Permit application must be completely filled out, signed and submitted to the
ZONING DEPARTMENT OFFICE

* Submittal should include four (4) copies of the survey and the following items:

- Proposed location of sign
- Distances to property lines
- Colors of sign to include frame or border
- Hold harmless and indemnification agreement signed by applicant

STYLE "A"

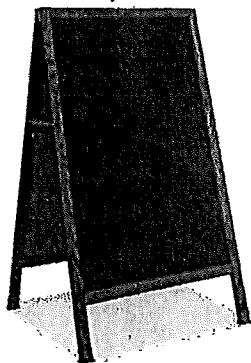


FRONT VIEW

WALL MOUNT STYLE

STYLE "B"

27 inches wide by 48 inches high



STYLE "C"

27 inches wide by 48 inches high



- Twenty-five dollar (\$25.00) fee must be paid with the Zoning Application
- The license is renewable every year on June 15th for a fee of \$25.00

APPLICATION FOR PORTABLE ADVERTISEMENT SIGN SITE PLAN WAIVER

TOWNSHIP OF SPARTA
65 MAIN STREET
SPARTA, NEW JERSEY 07871

Tel: (973) 729-8093

Fax: (973) 729-2635

Please Print or Type

Date:	Block:	Lot:	Zone:	
Property Location:				
Name of Business:				
Type of Use:				
Name of Applicant:				
Address of Applicant:				
	Street	Town	Zip Code	Phone
Signature of Applicant:				
Name of Owner:				
Address of Owner:				
	Street	Town	Zip Code	Phone
Description of Sign (size, dimension and style)				
Approval on Subject Premises:				
Planning Board: _____		Date of Approval: _____		

*Please attach 4 copies of a Site Plan showing: Distances to all property lines, type and location of existing and proposed signs where applicable.

* *I hereby certify that I am the owner of record and give permission for the Sparta Township Zoning Official to come upon and inspect these premises with respect to this application.*

Date: _____ Signature of Owner: _____

\$25.00 Fee **MUST** Accompany Application: Paid _____ Receipt No. _____

***Failure to provide all requested documents will halt the processing of this application and will be deemed incomplete.**

 DENIED **DATE:** _____ **REASON:** _____

 APPROVED **DATE:** _____ **SPECIAL CONDITIONS:** _____

 LICENSE # _____

INDEMNIFICATION, HOLD HARMLESS AND INSURANCE AGREEMENT

This Indemnification, Hold Harmless and Insurance Agreement ("Agreement") is made between **The Township of Sparta ("Sparta")**, located at 65 Main Street, Sparta, New Jersey 07871 and _____, located at _____, ("Applicant")

WHEREAS, Applicant has obtained a permit for a portable advertising sign and as a condition of Sparta Ordinance #16-08 Applicant is required to execute this Agreement by which Applicant has agreed to indemnify, defend, hold harmless and maintain insurance in favor of Sparta as provided in this Agreement.

Applicant hereby agreed as follows:

1. **Indemnification**. Applicant shall indemnify, defend, pay on behalf of and hold harmless Sparta and its council members, manager, officers, agents, and employees from any and all liability, damages, losses, causes of action, penalties, settlements, costs, charges, expenses, judgments and claims of any nature or kind, arising in law or equity, (collectively referred to as "Claims"), including but not limited to those involving Applicant's negligence and those brought by employees of Applicant, its employees, agents, contractors and subcontractors.

Applicant shall also defend and pay all costs in defending Claims, including paying reasonable attorney fees, professional fees and costs of suit.

Applicant's indemnification obligations under this Agreement shall survive the expiration of the permit issued by Sparta.

2. **Hold Harmless.** Applicant assumes all risks incident to the sign(s), including but not limited to those risks arising out of its placement and use of the portable advertising sign(s). Further Applicant covenants and agrees not to make any claim against or file any legal proceedings of any nature against Sparta and any of its Council Members, Managers, officers, employees and/or agents including those resulting from any death or injury to any person or damage or destruction to any property any way related to the sign(s). Applicant waives, releases, holds harmless and forever discharges the Township of Sparta, its Council Members, Manager, officers, employees and agents and each and every one of them from any and all liability, causes of action, claims and/or demands, arising in law or equity, of any kind including but not limited to personal injury, death and/or property damage arising out of or resulting from the sign(s) and use of the sign(s). The Applicant's obligations under this Agreement shall survive the expiration or termination of this Agreement for the applicable statute of limitations period and shall not be limited by an available insurance coverage.

3. **Insurance.** Applicant shall maintain commercial general liability insurance and automobile liability insurance covering all claims for death, personal injury and property damage. The insurance shall cover Applicant's indemnification obligations set forth in Section 1. The minimum limits of liability insurance for the commercial general liability and automobile insurance shall be \$1,000,000.00 per occurrence. Applicant shall also maintain worker's compensation insurance in an amount not less than the statutory minimum required in the State of New Jersey.

Sparta shall receive advance written notice in the event of cancellation, termination or non-renewal of the insurance required by this agreement. Upon signing this Agreement Applicant shall furnish Certificates of Liability Insurance to Sparta confirming that it is maintaining the insurance required under this Agreement by insurance carrier(s) that are duly licensed to underwrite insurance in the State of New Jersey (see attached sample). Applicant shall provide replacement certificates of insurance and endorsements to Sparta prior to the expiration or termination of each insurance policy. All of Applicant's liability insurance shall be primary over any similar insurance maintained by or available to Sparta. Applicant's insurance shall also waive any claim for subrogation against Sparta or its insurance carrier(s).

The Applicant acknowledges and agrees that the person signing this Agreement on its behalf is duly authorized to bind the Applicant to all of the terms and conditions of this Agreement.

TOWNSHIP OF SPARTA

_____, APPLICANT

By: _____
Chief Neil J. Spidaletto
Interim Township Manager

By: _____

Date: _____

Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(s), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #:
		INSURER(S) AFFORDING COVERAGE
INSURED		NAIC #
		INSURER A :
		INSURER B :
		INSURER C :
		INSURER D :
		INSURER E :
		INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$ 2,000,000
	AUTOMOBILE LIABILITY					PRODUCTS - COMP/OP AGG	\$	
	ANY AUTO					COMBINED SINGLE LIMIT (Ea accident)	\$	
	ALL OWNED AUTOS					BODILY INJURY (Per person)	\$	
	SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	HIRE AUTOS					PROPERTY DAMAGE (Per accident)	\$	
	NON-OWNED AUTOS					\$		
	UMBRELLA LIAB					<input type="checkbox"/> OCCUR	EACH OCCURRENCE	\$
	EXCESS LIAB					<input type="checkbox"/> CLAIMS-MADE	AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS	OTHR-	
	Y/N					E.I. EACH ACCIDENT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					E.I. DISEASE - EA EMPLOYEE	\$	
	(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below.					E.I. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Location:

Certificate Holder is named as Additional Insured (except Workers Compensation) if required to be so by written contract. Coverage shown is primary and non-contributory if required to be so by written contract.

Waiver of Subrogation is granted if required to be so by written contract.

CERTIFICATE HOLDER

CANCELLATION

Township of Sparta
65 Main Street
Sparta, NJ 07871

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE