



BOXBOROUGH BUILDING DEPARTMENT
29 Middle Road, Boxborough, Massachusetts 01719
Phone: (978) 264-1726

APPLICATION FOR SIGN PERMIT

PLEASE PRINT:

Location: _____ Date: _____

Name of Applicant/Firm applying: _____ Phone _____

Address: _____

SIGN TYPE

PERMANENT []

TEMPORARY []

FREE STANDING (by Special Permit, Zoning Board of Appeals) []

WALL []

Dates of use if temporary: _____

ZONE

RESIDENTIAL [] BUSINESS [] OFFICE PARK [] IND/COMM [] TOWN CTR []

Color and Material of Building: _____

Setback of Sign from Property Line: _____

Surface Area of Wall if sign is to be attached: _____

Exact location of sign in regard to building: _____

SIGN SPECIFICATIONS

MATERIALS _____ EST. COST _____

SIZE _____ SQUARE FT _____ COLOR _____ LIGHTING _____

CONTENTS: _____

MUST INCLUDE DRAWING: #SHEETS IN DRAWING _____ SCALE: _____

ALSO INCLUDE PICTURES OF EXISTING SIGNS ON BUILDING AND/OR PROPERTY.

Signature of Applicant: _____

Owner's Authorization Signature: _____

IS SIGN IN CONFORMANCE WITH TOWN OF BOXBOROUGH BY-LAWS? YES [] NO []

APPROVED: _____ DATE: _____ SIGN PERMIT NO. _____
Inspector of Buildings

SEND COPY TO: PLANNING []

BOARD OF APPEALS []



BOXBOROUGH BUILDING DEPARTMENT
29 Middle Road, Boxborough, Massachusetts 01719
Phone: (978) 264-1726

_____ Date Received	_____ Signature Page Approval
------------------------	----------------------------------

Sign Permit Application Checklist

The applicant is responsible for securing the following signatures from the appropriate departments verifying that the scope of work has been reviewed by the authority having jurisdiction. All applicable special permits, variances, plans and comments are to be attached as part of the permit application record for submittal to the Building Department. An application is not considered complete until ALL pertinent information has been filed. Insufficient information will delay review.

The required time period for review of the building permit application does not begin until this signature page has been properly completed.

Property Address: _____

Description of Work: _____

<p><u>Conservation Commission:</u> <input type="checkbox"/> N/A</p> <p>_____ Authorized signature _____ Date</p> <p>Comment: _____</p>	<p><u>Tax Collector (required signature):</u></p> <p>Does Property Owner/Applicant/Petitioner owe Taxes/Municipal Charges? _____ (Yes/No)</p> <p>_____ Tax Collector signature _____ Date</p>
<p><u>Planning/Zoning Boards:</u> <input type="checkbox"/> N/A</p> <p>_____ Authorized signature _____ Date</p> <p>Comment: _____</p>	

-CALL DIG SAFE: 1-888-344-7233
