



CITY OF EVERETT
INSPECTIONAL SERVICES DEPARTMENT
484 BROADWAY, ROOM 26
EVERETT, MASSACHUSETTS 02149-3694
OFFICE: 617-394-2220 FAX: 617-394-2733

SIGN PERMIT APPLICATION

Permit # _____

Date: _____

Application is hereby made for a permit to erect a Wall or Projecting Sign: (Please Describe)

Property Address: _____

Map: _____ Parcel: _____

Property Owned by: _____

Owners Address: _____

City/State: _____ Phone #: _____

Tenant Information: _____

Tenant's Address: _____

City/ State: _____ Phone #: _____

Sign Information:

Size: Width _____ Height: _____ Total Square Area: _____

Depth: _____ Weight: _____ Projection (depth): _____

Height Above Sidewalk: _____

How is the Sign to be Mounted/Installed: _____

(Example: Type and size of bolts/anchors)
Buildings

Attach drawings as required by the Inspector of

Estimated Cost of Sign: \$ _____ **Fee:** \$ _____

Contractor Information: _____

Address: _____ City/State: _____

Phone #: _____ Email: _____

Signature: _____

Please Note: Permits to Occupy the City Sidewalk must be obtained from the Office of the City Engineer.

Acknowledge: __