



CITY OF EVERETT

INSPECTIONAL SERVICES DEPARTMENT

484 Broadway Room 26 Everett, MA 02149

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: _____

For the Purpose of: _____

Property Owned by: _____

Owner's Address: Street and Number: _____

City/Town: _____ Phone #: _____

Tenant Information: _____

Tenant's Address: _____

City/Town: _____ Phone #: _____

Sign Information:

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

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

Height Above Sidewalk: _____

How is Sign to be mounted/Installed: _____

(Example: Type and size of bolts/anchors)

Attach drawing as required by the Inspector of Buildings

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

Contractor Information: _____

Address: _____ City/State: _____

Phone #: _____

Signature: _____

Please Note: Permits to Occupy the Sidewalk shall be obtained for the Office of the City Engineer.

Acknowledge: