

TOWN OF LUDLOW

SIGN PERMIT APPLICATION

Date: _____

Company Name or Owner _____

Owner's Address: _____

Sign Location Address: _____

Telephone # _____ Nearest Intersection _____

Square Ft. Area of Proposed Sign(s) _____ Single or Double Face _____

Free Standing: Yes No Attached to Building: Yes No

If Free Standing: Height Above Ground Level to top of sign: _____

Projection, if any _____ (must comply with Zoning Bylaw 6.5.5)

If Attached to Building: Does sign project over pedestrian or vehicular way _____ How much _____

Set Back from Street or Way: _____ Distance to nearest Side Line: _____

Distance to top of sign above vertical wall: _____ Illuminated _____ Non-Illuminated _____

Is Proposed Sign: Permanent _____ Temporary _____ If temporary, # of days _____

FROM _____ TO _____

ATTACH A SKETCH OF THE PROPOSED SIGN INDICATING COLOR, SIZE, SUPPORTS, ETC.

Total # of Existing Signs _____ Total square ft. area of Existing Signs _____

Total # of Proposed & Existing Signs _____ Total square ft. area of Proposed & Existing Signs _____

THE SIGN WILL BE ERECTED WITHIN THE CONFINES OF THE ZONING BYLAW.

Applicant: (print) _____

Signature: _____

Estimated Cost of the sign: _____

WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L., C. 152, § 25c (6))

Workers' Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the Building Permit

Signed Affidavit Attached: Yes No

This is to certify that a permit is hereby granted to erect a sign at the above location.

Building Commissioner/Zoning Enforcement Officer

Date Issued

Revised 1/23/07