



City of Waltham  
**Sign Permit Application**  
119 School Street  
Waltham, MA 02451  
Tel: 781-314-3275  
E-mail: [svidal@city.waltham.ma.us](mailto:svidal@city.waltham.ma.us)

DATE RECEIVED

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF OR DEMOLISH ANY  
BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING

This Section For Official Use Only

Building Permit Number:

Date Issued:

Signature: \_\_\_\_\_

Building Commissioner/Inspector of Buildings

Date

**SECTION 1 – SITE INFORMATION**

**1.1 Property Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1.2 Assessors Map & Parcel Number:**

\_\_\_\_\_  
\_\_\_\_\_

**1.3 Zoning Information:**

Zoning District

Proposed Use

**Estimated Cost of Job:**

\_\_\_\_\_  
Fee

**Description Of Work**

**2.1 Owner of Record:**

Name (Print)

Address

Signature

Telephone

**2.2 Authorized Agent**

Name (Print)

Address

Signature

Telephone

Address

**SECTION 3 – CONSTRUCTION SERVICE FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE**

**3.1 Licensed Construction Supervisor:**

Licensed Construction Supervisor:

Address

Signature

Telephone

Not Applicable ☐

License Number

Expiration Date

## Sign

Inspector of **Signs/Buildings**

The undersigned hereby applies for a permit to erect a **new**\_\_\_\_\_ or **Temporary** \_\_\_\_\_ sign according to the following information and agrees to comply with all ordinances and regulations pertaining to signs.

Sign Name \_\_\_\_\_

Sign Address \_\_\_\_\_

Property Owners Name \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Erectors Name \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Electrical Permit Number **(Required before Submittal)** \_\_\_\_\_

A plan **Must Be** submitted, Including all structural design & dimensions

Applicants must call for a final inspection

Height \_\_\_\_\_ Width \_\_\_\_\_

Sign Permit Number

Face Area in Square feet \_\_\_\_\_

# \_\_\_\_\_

Material \_\_\_\_\_

Height above sidewalk \_\_\_\_\_ Height above roof \_\_\_\_\_

Illuminated - Yes \_\_\_\_\_ No \_\_\_\_\_ How \_\_\_\_\_

Will sign obstruct, fire escape, window, door, etc. Yes \_\_\_\_\_ No \_\_\_\_\_

Will sign project beyond street line Yes \_\_\_\_\_ No \_\_\_\_\_

Width of the Building or store front upon which sign is erected \_\_\_\_\_

### **Kind of Sign**

Marquee \_\_\_\_\_

Projecting \_\_\_\_\_

Wall \_\_\_\_\_

Ground \_\_\_\_\_

Roof \_\_\_\_\_

Other \_\_\_\_\_

The undersigned certifies that the above statements are true to the best of his knowledge and belief.

\_\_\_\_\_  
Signature of Owner/ Authorized Agent

\_\_\_\_\_  
Inspector of Signs/Buildings

( ) Approved

( ) Disapproved

Sign Fee \$ \_\_\_\_\_

Annual Sign Fee \$ \_\_\_\_\_

## Sign

Sign Name \_\_\_\_\_

Sign Address \_\_\_\_\_

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Address \_\_\_\_\_ Phone No. \_\_\_\_\_

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