City of Waltham

Sign Permit Application

119 School Street
Waltham, MA 02451
Tel: 781-314-3275
E-mail: 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:

Not Applicable ☐

Licensed Construction Supervisor:

License Number

Address

Expiration Date

Signature | Telephone

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 & dimemsions

Applicants must call for a final inspection

Height_____Width_____

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 _____

Sign Permit Number

#_____

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_____

Property Owners Name _____

Address_____ Phone No._____

Erectors Name_____

Address_____ Phone No._____

Electrical Permit Number **(Required before Submittal)**_____

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Signature of Owner/ Authorized Agent

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Inspector of Signs/Buildings

( ) Approved

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