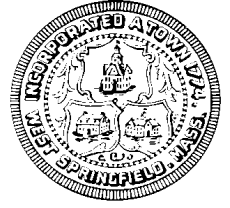


*The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR*



Town of West Springfield
Building Department
26 Central Street, West Springfield, MA 01089

Application for a Permit to Place or Maintain a Sign or other Advertising Device

Plans in duplicate, must be filed with the Building Commissioner, before a permit is granted.

Date: _____ Fee: _____ Permit Number: _____

- Erection Alteration Repair
 Repainting Removal

1. Location _____
2. Owner's Name _____
3. Owner's Address _____
4. Maker's Name _____
5. Makers Address _____
6. Erector's Name _____
7. Erector's Address _____

- | SIGN | KIND of SIGN |
|---|------------------|
| 1. Sign will be (check one) illuminated _____ non-illuminated _____ | (Designate) |
| 2. Will sign obstruct a fire escape, window or door? _____ | Marquee _____ |
| 3. Lower edge will be _____ ft _____ ins. above grade. | Projecting _____ |
| 4. Upper edge will be _____ ft _____ ins. above grade. | Roof _____ |
| 5. Height _____ ft _____ ins. Width _____ ft _____ ins. | Temporary _____ |
| 6. Face Area _____ sq. ft. | Wall _____ |
| 7. Inner edge will be _____ ins. from the building. | Ground _____ |
| 8. Outer edge will be _____ ins. from the building. | Other _____ |
| 9. Face of building is _____ ft _____ ins. back from the street line. | |
| 10. Sign will project _____ ins. beyond the street line. | |
| 11. Sign will extend _____ ft _____ ins. above the building. | |
| 12. Of what material will sign be constructed? Frame _____ Face _____ | |
| 13. Sign will weigh _____ lbs. | |
| 14. Dimensions of front facing façade: Height _____ Length _____ Sq. ft. _____ | |
| 15. Will the sign conform to the ordinances of the Town of West Springfield? _____ | |

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

Cost: _____ Signature of Applicant: _____