



TOWN OF SEEKONK BUILDING DEPARTMENT

100 Peck Street, Seekonk, MA 02771

Phone: (508) 336-2990

SIGN PERMIT APPLICATION

Application Date: _____ FEE: _____

Applicant Name: _____

Phone Number: _____

Applicant Address: _____

E-Mail: _____

Applicant Signature: _____

Property Owner Name: _____

Property Owner Phone Number: _____

Property Address for sign to be displayed: _____

Value of sign(s): _____

SIGN WILL SAY: _____

TYPE OF SIGN(s): (check all that apply):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Permanent Sign | <input type="checkbox"/> Temporary Sign | <input type="checkbox"/> Wall Sign |
| <input type="checkbox"/> Single Faced | <input type="checkbox"/> I.D. Sign | <input type="checkbox"/> Awning |
| <input type="checkbox"/> Double Faced | <input type="checkbox"/> Pole Sign | <input type="checkbox"/> Marquee |
| <input type="checkbox"/> Illuminated | <input type="checkbox"/> Directional | <input type="checkbox"/> Banner |
| <input type="checkbox"/> Free-Standing | <input type="checkbox"/> Canopy | <input type="checkbox"/> Portable |
| <input type="checkbox"/> Individual Letters | <input type="checkbox"/> Other: _____ | |

SIZE: Height: _____ Width: _____ Total Square Foot: _____

Height from grade: _____ Location on Building: _____ Front _____ Side _____ Rear

Property Line Setback: _____

Temporary signs may be displayed for 30 days max – please indicate dates to be displayed below:

Building Inspector/Commissioner's Approval: _____ DATE: _____

****Rendering of sign with measurements must be submitted along with this application***