

**For Office Use Only**

Permit No.: \_\_\_\_\_ Time/Date Stamp: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_

Date Issued: \_\_\_\_\_

\_\_\_\_\_  
Building Official Signature



City of Fitchburg  
Building Department  
718 Main Street  
Fitchburg, MA 01420  
Phone: 978-345-9596  
Fax: 978-345-9591

**APPLICATION FOR PERMIT TO PLACE OR MAINTAIN A SIGN OR OTHER ADVERTISING DEVICE OR MARQUEE THAT DOES NOT EXTEND INTO OR OVER A PUBLIC WAY MORE THAN TWELVE (12) INCHES**

Note to applicant: separate permit applications and fees are required for *each* sign to be installed

**SITE INFORMATION:**

Property Address: \_\_\_\_\_ Fitchburg, MA 01420

Assessor's Parcel ID Numbers: Map: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Number Dwelling Units: \_\_\_\_\_  
Zoning District:  RA-1, Residential  RR, Rural Residential  LI, Light Industrial  
 RA-2, Residential  NBD, Neighborhood Business District  I, Industrial  
 RB, Residential  CBD, Central Business District  Medical Service  
 RC, Residential  C&A, Commercial & Automotive  Fitch. State College

Proposed Use: \_\_\_\_\_

You may look up Parcel IDs and Zoning Districts at: <http://fitchburgma.gov/government/departments/assessors/assessormain.cfm>

**DESCRIPTION OF PROPOSED WORK:**

**Kind of Sign:**

- Marquee
- Wall Sign
- Projecting Wall Sign
- Canopy Sign (on rigid structure)
- Awning Sign (on fabric structure)
- Roof Sign
- Freestanding Sign\*
- Other: \_\_\_\_\_
- Temporary Sign:
  - Banner
  - Free Standing Sign
  - Off-Premises Sign

Will sign be illuminated?  Yes  No  
Will sign obstruct a fire escape, window or door?  Yes  No  
Lower edge will be \_\_\_\_\_ feet \_\_\_\_\_ inches above the public way.  
Upper edge will be \_\_\_\_\_ feet \_\_\_\_\_ inches above the public way.  
Height of face of sign: \_\_\_\_\_ feet \_\_\_\_\_ inches  
Width of face of sign: \_\_\_\_\_ feet \_\_\_\_\_ inches  
Face area: \_\_\_\_\_ square feet  
Inner edge will be \_\_\_\_\_ feet \_\_\_\_\_ inches from the building or pole.  
Outer edge will be \_\_\_\_\_ feet \_\_\_\_\_ inches from the building or pole.  
Face of building or pole is \_\_\_\_\_ feet \_\_\_\_\_ inches back from street line.  
Sign will project \_\_\_\_\_ feet \_\_\_\_\_ inches beyond the street line.  
Sign will extend \_\_\_\_\_ feet \_\_\_\_\_ inches above the building or pole.  
Material of sign frame: \_\_\_\_\_  
Material of sign face: \_\_\_\_\_  
Weight of sign: \_\_\_\_\_

\*A Registered Plot Plan prepared by a surveyor showing all *freestanding* signs must accompany this application.

All applications shall include scaled drawings of the proposed sign, colors, dimensions, method of installation or support, method of illumination, and a diagram showing the proposed building, sign location, and labeled distances from line of street and line of adjoining property.

Sign, marquee, or other advertising device must not extend over a public way more than 12 inches, must not extend over a street at all, and must comply with Section 181.53 of the General Ordinances of Fitchburg, as amended.

Brief Description of Proposed Work or Additional Information:

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

**ESTIMATED CONSTRUCTION COSTS:**

Cost of sign and all related construction materials, electrical work (requires separate permit and licensed electrician), and labor: \$ \_\_\_\_\_ Permit Fee: \$ \_\_\_\_\_

**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 issuance of building permit. **Signed Affidavit Attached:**  Yes  No

**CONSTRUCTION SERVICES:**

**Sign Manufacturer:**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**Sign Erector:**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Construction Supervisor License Number: \_\_\_\_\_  
Exp: \_\_\_\_\_

**Electrical Contractor:**

Must apply for separate electrical permit

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Licensed Construction Supervisor Signature

License No.: \_\_\_\_\_

**PROPERTY OWNERSHIP/AUTHORIZED AGENT:**

Owner of Record: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Authorized Agent: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**OWNER AUTHORIZATION:** *Complete this section if owner's agent or contractor applies for building permit.*

I, \_\_\_\_\_, as Owner of the subject property hereby authorize \_\_\_\_\_ to act on my behalf in all matters relative to work authorized by this building permit application.

\_\_\_\_\_  
Owner Signature Date

**OWNER/AUTHORIZED AGENT DECLARATION:**

Applicant agrees to abide by the rules and regulations of the Building, Wiring, Gas, and Plumbing Inspectors, Board of Health, Board of Zoning Appeals, City Council, DPW, Fire Department, and all applicable City of Fitchburg Ordinances. No changes or alteration permitted unless revised plans are submitted and approved.

I, \_\_\_\_\_, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.

\_\_\_\_\_  
Print Name Signature of Owner/Agent Date