



City of Northampton

Massachusetts

DEPARTMENT OF BUILDING INSPECTIONS

212 Main Street • Municipal Building
Northampton, MA 01060



INSPECTOR

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

(Application to be filled out in ink or typewritten)

Number

Plans must be filed with the Building Inspector
before a permit will be granted.

- Erection.....()
- Alteration.....()
- Repair.....()
- Repainting.....()
- Removal.....()

FEE.....PAGE.....PLOT.....

Northampton, Mass.20....

To the Building Commissioner:

Application for a permit to place or maintain a sign or other advertising device, or marquee.

BUSINESS NAME

1. Location, Street and No.
2. Owner's name
3. Owner's address
4. Maker's name
5. Maker's address
6. Erector's name
7. Erector's address

SIGN

KIND OF SIGN (Designate)

1. Sign will be (check one) illuminated Non-illuminated
2. Will sign obstruct a fire escape, window or door?
3. Lower edge will beft.....ins above the public way.
4. Upper edge will beft.....ins above the public way.
5. Heightft.....ins Widthft.....ins
6. Face areasq. ft.
7. Inner edge will beins from the building or pole.
8. Outer edge will beins from the building or pole.
9. Face of building or pole isins back from the street line.
10. Sign will projectins beyond the street line.
11. Sign will extendftins above the building or pole.
12. Of what material will sign be constructed? Frame Face.....
13. Estimated cost \$.....

- Marquee
- Projecting
- Roof
- Temporary.....
- Wall
- Ground
- Other

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

.....
(Signature of Owner or Agent)

THIS FORM IS PART OF THE SIGN PERMIT APPLICATION

File No. _____

ZONING PERMIT APPLICATION

PLEASE TYPE OR PRINT ALL INFORMATION

1. Name of Applicant: _____
Address: _____ Telephone: _____
2. Owner of Property: _____
Address: _____ Telephone: _____
3. Status of Applicant: Owner Contract Purchaser Lessee
 Other(explain): _____
4. Job Location: _____
Parcel ID: Zoning Map # _____ Parcel # _____ District(s) _____
(TO BE FILLED IN BY THE BUILDING DEPARTMENT)
5. Existing Use of Structure/Property: _____

6. Description of Proposed Use/Work/Project/Occupation: (Use additional sheets if necessary)

7. Attached Plans: Sketch Plan Site Plan Engineered/Surveyed Plans
8. Has a Special Permit/Variance/Finding ever been issued for/on the site?
NO _____ DON'T KNOW _____ YES _____ IF YES, date issued: _____
IF YES: Was the permit recorded at the Registry of Deeds?
NO _____ DON'T KNOW _____ YES _____
IF YES: Enter: Book _____ Page _____ and/or Document # _____
9. Does the site contain a brook, body of water or wetlands? NO _____ DON'T KNOW _____ YES _____
IF YES: Has a permit been, or need to be, obtained from the Conservation Commission?
Needs to be obtained _____ Obtained _____, Date issued _____
10. Do any signs exist on the property? YES _____ NO _____
IF YES: Describe the size, type and location: _____

Are there any proposed changes to, or additions of, signs intended for the property? YES _____ NO _____
IF YES: Describe the size, type and location: _____

11. ALL INFORMATION MUST BE COMPLETED; PERMIT CAN BE DENIED DUE TO LACK OF INFORMATION.

12.

This column to be filled in by the Building Department.

	Existing	Proposed	Required by Zoning
Lot Size			
Frontage			
Setbacks:	Front:		
	Side:	L: R:	L: R:
	Rear:		
Building Height			
Bldg Square Footage			
% Open Space: (Lot area minus bldg and Paved parking)			
# of Parking Spaces			
# of Loading Docks			
Fill: (volume & location)			

13. **Certification:** I hereby certify that the information contained herein is true and accurate to the best of my knowledge.

DATE: _____ APPLICANT'S SIGNATURE _____

NOTE: Issuance of a zoning permit does not relieve an applicant's burden to comply with all zoning Requirements and obtain all required permits from the Board of Health, Conservation Commission, Department of Public Works and other applicable permit granting authorities.

FILE # _____