



TOWN OF SEEKONK SIGN PERMIT APPLICATION

Date of Application: _____ Receipt#: _____ Fee:\$ _____ Permit#: _____

Applicant/Business Name: _____

Mailing Address: _____ **Business#** _____

Cell# _____

Owner of Property: _____

Address: _____

SITE ADDRESS: _____

Map# _____ **Lot** _____ **Zoning District** _____

COST OF CONSTRUCTION: \$ _____

TYPE OF SIGN (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 Footage _____

Height from grade _____ Location on building (circle): Front Side Rear

Property Line Setback _____

** Date of Temporary Sign (Max. 30 days per Calendar Year)

DATES: _____

Applicant's Signature: _____

Building Inspector's Approval: _____