



TOWN OF SEEKONK SIGN PERMIT APPLICATION

Call for Inspections: (508) 336-2990

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

APPLICANT/LICENSED CONTRACTOR: _____
PHONE NUMBER: _____
ADDRESS: _____
MA LICENSE#: _____
SIGNATURE: _____

HOMEOWNER/OWNER OF PROPERTY: _____
ADDRESS: _____ PHONE#: _____
**SIGNATURE OF OWNER: _____

SITE ADDRESS: _____
COST OF SIGN(s)\$ _____

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: _____

If Temporary Signs please indicate the date(s) we will have the sign out:
DATES: _____

Building Inspector/Commissioner's Approval: _____
Date of Approval: _____