



City Of Woburn

Massachusetts

City Hall
10 common Street
Woburn, MA 01801

Department of Inspection Services

Telephone 781-897-5840
Fax 781-897-5849
TCQuinn@cityofwoburn.com

Thomas C Quinn, Jr.
Building Commissioner

Application to erect, construct or alter Sign(s) In a **B-D** or **B-N** Zoning District

No sign shall be erected, constructed or altered except in accordance with Section 13 "sign Regulations" of the City of Woburn Zoning Ordinance. Signs erected, constructed or altered in the B-D or B-N zoning districts are subject to review and approval of the Sign Review Board (SRB) and must comply with Sections 13.7 through 13.12 of said Ordinances.		Permit #: _____ Fee: _____ Date: _____ <i>For office use only</i>	
Sign Review Board	Date	Building Commissioner	Date

"Sign" Address	Zone
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Business Owner		
Business Name	Address	Phone
Owner Name	Address	Phone

Property Owner		
Name	Address	Phone

Fabrication and Installation		
Contractor	Address	Phone
Contact	Address	Phone

Additional approvals required	
City Clerk (if overhanging a public way)	Date
Conservation Commission (if free standing sign)	Date
Planning Board (if denied by sign review board)	Date

Application must indicate **ALL** signs (existing and proposed) that will be present at the location after work has been completed under this permit. This application must be accompanied by scaled drawings and color swatches.

Primary Wall Sign(s)	New [] Exist []	Materials: Face	Frame	Letters
Height or primary lettering	Size of sign L	" xW	" Area(exist)	SF Area(new)
Attachment Method		Illumination Method		
Secondary Wall Sign(s)	New [] Exist []	Materials: Face	Frame	Letters
Height or primary lettering	Size of sign L	" xW	" Area(exist)	SF Area(new)
Attachment Method		Illumination Method		
Directory Sign(s)	New [] Exist []	Materials: Face	Frame	Letters
Height or primary lettering	Size of sign L	" xW	" Area(exist)	SF Area(new)
Attachment Method		Illumination Method		
Awning Sign(s)	New [] Exist []	Materials: Awning	Frame	Letters
Height or primary lettering	Size of sign L	" xW	" Area(exist)	SF Area(new)
Attachment Method		Illumination Method		
Height above sidewalk		Projection From Building		
Window Sign(s)	New [] Exist []	Area of all windows	SF	
Height or primary lettering	Size of sign L	" xW	" Area(exist)	SF Area(new)
Free standing Sign(s)	New [] Exist []	Materials: Face	Frame	Letters
Height or primary lettering	Size of sign L	" xW	" Area(exist)	SF Area(new)
Setbacks from lot lines Front	Height Side(s)	Attachment Method	Illumination Method	
<i>A Certified plot plan must be provided along with application for all free standing signs.</i>				

Total area of all **EXISTING** Signs: _____ SF Total area of all **NEW** Signs: _____ SF

Linear Frontage of Business Space _____

Permit Fee (Area of all NEW signs x \$5.00/SF, \$50.00 Minimum Fee): \$ _____

PERMIT FEE DUE AT SUBMITTAL IN THE FORM OF CHECK OR MONEY ORDER ONLY, CASH NOT ACCEPTED.

Permits shall become void six months after date of issue unless construction has commenced. False statements will result in revocation of permit. The undersigned assumes all responsibility for compliance with the current edition of the Massachusetts State Building Code and all other applicable codes, ordinances, by-laws and regulations of the City of Woburn. The above and all attached, is subscribed to and executed by me under penalties of perjury in accordance with Section 1A of Chapter 268, MGL. **NO WORK SHALL COMMENCE UNTIL A PERMIT IS OBTAINED.**

Signature of Building Owner: _____ Date: _____

All applications for review by the SRB must be completed in full prior to submission or they will not be accepted. Applications must include a scaled drawing of the proposed sign(s) and its installation and should include the following:

1. The type of sign (wall hanging, awning, etc)
2. Dimensions of the proposed sign(s) with a calculation of the allowable area as outlined by the City of Woburn Ordinances.
3. Scale drawing of the building showing the location of the proposed sign(s).
4. Drawings may be in black and white, but a color samples must be attached with the exception of black, white and gold leaf.
5. Materials that the proposed sign(s) will be constructed of.
6. Attachment method to the building or structure.
7. Designs prepared by a registered design professional shall be sealed and signed by said design professional.
8. Method of illumination.
9. All scales used must be noted on drawings.
10. Certified plot plan for free standing signs.

Four copies of the application and all required documents must be submitted to the Department of Inspection Services (DIS) along with the permit fee as calculated on the application. Allow at least two weeks but not more than twenty eight days for the SRB to approve, modify or deny your application. The application will then be forwarded to the Acting Building Commissioner, with comments, for final approval. See section 13.11 of the City of Woburn Zoning Ordinance as amended.

Applications should be submitted to:

Department of Inspection Services
City Hall
10 Common St
Woburn, MA 01801
781-897-5840

CERTIFICATION OF TREASURER/COLLECTOR

(MGL c.40,§57; WMC 3-24)

Office Use Only: DEPARTMENT

NOTE - ALL LINES MUST BE COMPLETED BY APPLICANT.

1. Parcel which directly relates to the application filed. (*This numeric Parcel I.D. can be found: on the tax bill, or in Street Listing Records at the Building or Assessor's office. Web: <http://data.visionappraisal.com/WoburnMA/>.*)

(Example I.D.: 12-34-56) Map _____ Block _____ Lot _____

2. Does Real Estate owner and/or tenant own or have a beneficial or financial interest in any other real estate properties within the city of Woburn?

Circle one: NO YES

A beneficial interest can be as an individual, partnership, trust, LLP, LLC etc. If YES, insert Map, Block, and Lot below for each property. Use back of form, if necessary.

Map _____ Block _____ Lot _____
Map _____ Block _____ Lot _____

3. **Property Address where permit is sought:** _____
Real Estate Owner Name(s): _____
Real Estate Owner(s) Legal Business Name (if any): _____
Real Estate Owner's Residential Address (if different): _____
Telephone Number: _____

Tenant/Lessee Name: _____
Legal Business Name (if any): _____
Tenant's Address: _____ Telephone Number: _____

4. **Check one:** Residential Individual/Sole Proprietor Corporation
 Trust LLC/LLP Other _____

5. I certify under the penalties of perjury that I am the record owner or tenant of the within described property and the above information is accurate and complete.

Date Signature of Applicant Property Owner or Tenant (Not contractor)

Title Print Name

(For Office Use Only)

CERTIFICATION OF TREASURER/COLLECTOR

The records of this office indicate that there are no unpaid real estate taxes, municipal fees, liens or other municipal charges outstanding and unpaid, or for the payment of which the owner has entered into a payment agreement with this office, on the above described parcels as of:

EXPIRES: _____

Certification Date

Treasurer/Collector

*** FAXES OR SIGNATURE COPIES WILL NOT BE ACCEPTED ***

For copies of this form: <http://www.cityofwoburn.com/index.asp?nid=279>