



Ritter Memorial Building
960 Massachusetts Avenue
Lunenburg, MA 01462
Phone: 978 582 4146 x420
Fax: 978 582 4353

Town of Lunenburg Building Department

SIGN PERMIT APPLICATION

Date: _____

Name of Owner: (printed) _____ **Signature of Owner:** _____

Location of Business: _____

Name of Business: _____

Mailing Address: _____

Daytime Phone Number: _____ **Cell Number** _____

Zoning District: _____

Temporary: _____ **Yes** _____ **No**, **Dates** _____

Home Occupation: _____

1. **Sign Size** _____ x _____

2. **Setback from property line:** _____ (20 foot minimum)

3. **Does this sign replace an existing sign? (yes/no)** _____

4. **Height of sign above grade:** _____

Please provide a scaled drawing with along with dimensions.

Approval:

Building Official: _____ **Date:** _____