



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: _____