



City of Westfield, Massachusetts

OFFICE OF THE
BUILDING INSPECTOR

Application for Permit to Erect a Sign

Applicant Information:

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Location:

Name of Business: _____

Address of Business: _____

Zoning District: _____ Parcel Number: _____

Sign Information:

Type of Sign: Temporary Ground Wall Projecting

Size: Length _____ Width _____ Height _____ Projection _____

Location of Sign: _____

Description of Sign: _____

Illuminated, Flashing or Moving: Y/N Explain _____

Applicants Signature _____ Date _____



FOR BUILDING DEPARTMENT USE ONLY

MUNIS # _____

Determination:

DATE _____

Approved _____ Date _____ Permit # _____ Fee \$ _____

OR

Special Permit Required from _____

Per Zoning Ordinance Section(s) _____

Authorized Signature _____ Date _____