ZONING BOARD OF APPEALS

SUDBURY, MASSACHUSETTS

SPECIAL PERMIT APPLICATION FOR SIGNS

PART I.	APPLICANT INFORMATION	Case Number: (To be Completed by Town Staff)
Name:		
Address:		
Telephone #:	Email:	
PART II.	OWNER INFORMATION	
Name:		
Address:		
	Email:	
PART III.	SUBJECT PROPERTY INFORMATION	
Address:		
	or Map:	
Area:	Frontage:	_ Zoning District:
Is the deed fo	r this property recorded? YesNo	_
If YES, Date:	Book #:	Page #:
PART IV.	DESCRIPTION OF REQUEST	
a) Under wh	at provision of the Zoning Bylaw is a Special Per	mit requested?
Article:	Section Number(s):	
b) Why is a s	Special Permit needed for this signage?	

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c) Why is it not possible for the signage to adhere to the Zoning Bylaw?		
d)	What hardship is presented by adherence to the Zoning Bylaw?	
e)	Description of Sign Program:	
	Number of Signs:	
	Total Square Footage:	
	Type: Freestanding Wall-Mounted Projecting Roof Mounted	
	Single Faced Double Faced	
	Illumination: Yes No If Yes, Type:	
f)	Is this signage: Replacing an existing sign? In addition to an existing sign?	
g)	How far will the sign be from the street?: feet	
h)	Has a Special Permit previously been requested? Yes No	
If Y	YES, Case #: Applicant:	
Αp	proved Denied	

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PART V. REQUIRED ATTACHMENTS

- \$100.00: Filing Fee (payable to the Town of Sudbury)
- Advertising Fee (payable to the Town of Sudbury) will be determined by publication cost.
- Rendering of the proposed sign, including all dimensions (overall sign, lettering, etc.)
- Plot Plan/Site Plan showing the location of the proposed sign(s)

PART VI. **SIGNATURES**

I certify all of the above answers are true to the best of my knowledge, and acknowledge I have already met with the Design Review Board and received their approval.

Applicant		
Signature:	Date:	
Property		
Owner		
Signature:	Date:	
(if different from Applicant)		