



TOWN OF FOXBOROUGH
Inspections Department

40 South Street
Foxborough, MA 02035
Tel. (508) 543-1206 / Fax. (508) 543-6278

Check # _____
Date Paid _____
Permit # _____
Date Issued _____
Approved By _____

APPLICATION TO ERECT SIGNAGE
General By-law: 15(B) Signs

Directions: Provide all information below. Incomplete information will result in permit denial. For permanent signage, attach a scale drawing showing sign design, dimensions, height, lettering, and colors to be used (maximum of three allowed). Include a plot plan with sign location and setbacks.

Location of Signage: _____ Estimated Cost of Sign : _____
Zoning District: _____ Street Frontage of Parcel: _____

Name of Property Owner: _____ Tel. #: _____
Owner's Address: _____
Street Town or City State Zip

Name of Business Proprietor: _____ Tel. #: _____
Proprietor's Address: _____
Street Town or City State Zip

Sign Installer's Name: _____ C.S.L # : _____
Address: _____
Street Town or City State Zip

Type of Signage: Wall Sign Size of Sign (sq. ft.): _____
Storefront Wall Area: _____

Window Sign Size of Sign (sq. ft.): _____
Window Area: _____

Awning Sign Size of Awning: _____
Size of Letters: _____

Free Standing Sign Size of Sign (sq. ft.): _____
Max. Ht. of Sign: _____
No. of Highway Lanes on Street: _____
Posted Speed Limit: _____
Sign Setback from Street: _____

Temporary Sign Starting Date: _____
Removal Date: _____
(Not to exceed 30 days per calendar year)

Will the sign be illuminated?: _____ If yes, what type of lighting?*: _____

Is the sign replacing existing signage?: _____ If not, does additional signage exist? _____
Type No.

Will the sign be used for a Home Occupation? _____ If yes, has a Special Use Permit been obtained? _____
* Requires Separate Electrical Permit

Signature of Owner or Authorized Agent: _____
Signature Date