



TOWN OF COHASSET

COMMONWEALTH OF MASSACHUSETTS

BUILDING DEPARTMENT
41 Highland Avenue
Cohasset, MA 02025
TELEPHONE (781) 383-4112
FAX (781) 383-1561

Date _____

Permit No. _____

Fee \$ _____

Building Commissioner
Zoning Officer
Robert Egan

APPLICATION FOR A SIGN

PLOT PLAN & SKETCH MUST BE INCLUDED WITH APPLICATION

- All applications must be accompanied by a dimensioned drawing of the sign.*
- All ground sign applications must be accompanied by a plot plan showing location of sign and set back from property line - minimum 15 feet.*

ZONE: _____ ASSESSOR'S MAP: _____ PLOT: _____ DATE: _____

Location of property: _____

Name of owner: _____

Address: _____

Phone: _____

If property is leased or rented, Name of leasee: _____

Contractor Name: _____

Name of Contractor business: _____

Address: _____

Phone: _____ Cell: _____

TEMPORARY SIGN SIZE: Maximum of 6 square feet

Size of sign: _____ Type: _____ Material: _____

How illuminated: _____ BOND: Required Not required

Set back from street line: _____ Set back from side line: _____

Location of sign on building: _____

Additional remarks: _____

Estimated cost: \$ _____

I have read and understand Section 6 of the Cohasset Zoning Bylaws: Sign Regulations. I certify that this sign will be constructed, located and installed in conformance with the Bylaws.

Applicant's Signature

Approved: _____

Sent to Assessor: _____