



Town of Sturbridge DRC/Building

PERMANENT SANDWICH BOARD SIGN APPLICATION

For Official Use:

Date of Receipt: _____ Received By: _____
File Number: _____ Date of Approval: _____
Completed: _____ Not Completed: _____
Permit Number: _____ Check number: _____

PART A: OWNER/APPLICANT/AGENT INFORMATION

1. Name of Property Owner: _____

Address: _____

Telephone No. _____ Fax No. _____

Email Address: _____

2. Name of Applicant: _____

Business Name: _____

Address: _____

Telephone No. _____ Fax No. _____

Email Address: _____

3. Name of Agent: _____

Address: _____

Telephone No. _____ Fax No. _____

Email Address: _____

