



The Commonwealth of Massachusetts
Town of Easton – Building Department
Phone: 508-230-0580 Fax: 508-230-0589

APPLICATION FOR TEMPORARY SIGN/BANNER PERMIT

Date of Application: _____

Name of Business/Organization: _____

Business/Organization Address: _____

Sign Location: _____

Size of Sign: _____ **Single Face** _____ **Double Face** _____ **Material** _____

Detailed description of sign: _____

Sign to be displayed – FROM (date) _____
TO (date) _____

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Applicant's Signature: _____ **Date:** _____

Print Name: _____ **Phone #** _____

Owner's Signature: _____ **Date:** _____

Print Name: _____ **Phone #:** _____

PERMIT NUMBER: _____ **Fee: \$ 50.00**
Paid: Cash- Receipt # _____ **Check #** _____

Date of Issue: _____ **Date of Expiration:** _____

Town of Easton – Inspector of Buildings: _____
D. Mark Trivett

PLEASE NOTE: SIGN NOT TO EXCEED 30 SQ FEET GROSS DISPLAY AREA PERMIT NOT TO EXCEED MORE THAN 14 DAYS, TWICE PER CALENDAR YEAR.

NO 'A' FRAMES OR LIGHTED PORTABLE SIGNS PERMITTED