

**CHELMSFORD ZONING BOARD OF APPEALS
CHELMSFORD ZONING BOARD OF APPEALS
SIGN VARIANCE 1-08**

APPLICANT: Owner Tenant Licensee Buyer

Name: _____

Address: _____

Telephone Number: _____

OWNER: Name: _____

Address: _____

Telephone Number: _____

If applicant is different than owner, a letter of authorization from the owner must accompany this form.

PROJECT CONTACT: Name: _____

Address: _____

Telephone #: _____ Fax: _____

PROJECT LOCATION: Street Address: _____

Assessors' Map: _____ Lot(s): _____

Zoning District(s): _____ Lot Size: _____

Recorded Plans: Book _____ Page _____

VARIANCE REQUESTED: Applicable Zoning Article & Sub-section _____

TYPE OF SIGNAGE: NEW PRE-EXISTING

STYLE OF SIGNAGE: FREE STANDING WALL MOUNTED OTHER

PERMITS / APPROVALS: *Check the appropriate boxes, identify dates of previous and / or pending approvals and attached copies of decisions.*

Sign Advisory Committee: _____

Zoning Board of Appeals (special permit / variance / finding) _____

Planning Board (special permits / site plan review) _____

Conservation Commission: _____ Historic District Commission _____

SUBMISSION REQUIREMENTS: (12 copies required)

- Completed application
- plans or diagrams (to scale) of the signage, including all applicable sign dimensions
- Plans (to scale) displaying the location of the signage on the lot, including all applicable dimensional setbacks
- Plans (to scale) displaying the location of the signage on the building
- Tabulations required to verify extent or degree of requested variance compared to full compliance for new signage or increases for pre-existing signage.

Date of filing with Zoning Board made to Town Clerk: _____

Signature of Applicant / Agent: _____ Date: _____

Signature by applicant / agent acknowledges receipt and acceptance of the Zoning Board's Regulations and Procedures.

For Department Use Only:

Date Complete Filing Received: _____ *Reviewed by:* _____

Date Hearing Scheduled: _____ *Planning Board Action by:* _____