

Town of Adams
Board of Selectman
8 Park Street
Adams, MA 01220

Received	
Hearing Date	
BOS Action	
Permit Issued	

APPLICATION FOR PERMIT TO PLACE SIGN ON PUBLIC WAY

Name of Property Owner: _____ Address: _____

Name of Applicant: _____ Address: _____

Tel: _____ Location of Business/Use: _____

Location of Sign: _____

I/we hereby, by myself, heirs, executors, administrators, and officials, release and hold harmless the Town of Adams from all liability arising out of me / our use of the Town property as requested above. I / we waive and release any and all rights and claims for damages I / we or my / our guests may have against the Town of Adams for injuries as a consequence of my / our use of the Town property.

Town Administrator: _____ Date: _____

Applicant: _____ Date: _____

FOR OFFICIAL USE ONLY:

Fee paid: _____ Date: _____

Type of sign requested: _____

Remote _____ Temporary _____ Moveable _____ Permanent _____

Regulatory compliance:

Hearing required: YES _____ NO _____

Preparation of Letters / graphics: Name: _____

Zoning District: _____

Liability: Bond _____ Insurance _____ Company name: _____

APPROVED DENIED CONDITIONS: _____

Chairman, BOS: _____ Date: _____