

**TOWN OF WELLESLEY - BUILDING DEPARTMENT
SIGN PERMIT APPLICATION**

PURSUANT TO MA STATE BUILDING CODE - 780 CMR
AND TOWN OF WELLESLEY ZONING BYLAWS, SECTION XXIIA

For Office Use Only
DRB-21-14
APP #

Date _____

PLEASE COMPLETE ALL SECTIONS IN FULL

SECTION 1 - PROPERTY / BUSINESS ADDRESS & OWNERSHIP	
1.1 Property Address (Number and Street) 978 Worcester Street, Wellesley MA	1.2 Unit / Suite
1.3 Property Owner of Record Wellesley Place LLC Name (Print) 231 Sutton Street, Suite 113, North Andover MA 01845 Mailing Address 978-687-6200 Telephone If new owner, Book / Page and Date title recorded	
1.4 Business Name Newton-Wellesley Hospital Ambulatory Care Center	
1.5 Business Owner Newton-Wellesley Hospital, 2014 Washington St, Newton MA Name (Print) 617-243-0047 Telephone	
SECTION 2 - CONSTRUCTION SERVICES	
2.1 Sign Contractor (to be determined) Name (Print) License Number (if applicable) Address Expiration Date Telephone Call Wellesley Registration Number (CID)	
SECTION 3 - SIGN DETAILS - Please note that a certified plot plan must accompany all applications for free standing signs.	
SIGN 1 Does this sign replace an existing one? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
1. Type <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Window <input type="checkbox"/> Standing <input type="checkbox"/> Awning	
2. Dimensions Height (ft/in) <u>2'-6"</u> Width (ft/in) <u>30'-0"</u> Area (sq. ft.) <u>75</u> Area of Facade <u>4,278</u> Letter Height (in) <u>11"</u>	
3. Location Height of highest part of sign / awning above ground elevation <u>13'-8"</u> Will this sign project into, on or over a public sidewalk, street or way? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
4. Materials: <u>TEMPORARY SIGN - Printed vinyl / fabric banner</u>	
5. Colors Background Color <u>White and teal</u> Lettering Color <u>Gray and white</u>	
6. Illumination Y <input type="checkbox"/> N <input checked="" type="checkbox"/> If Yes... <input type="checkbox"/> Internally <input type="checkbox"/> Externally How? _____	
7. Wording <u>Newton-Wellesley Hospital Orthopedic Walk-In Day, evening and weekend hours offered</u>	
SIGN 2 Does this sign replace an existing one? Y <input type="checkbox"/> N <input type="checkbox"/>	
1. Type <input type="checkbox"/> Wall <input type="checkbox"/> Window <input type="checkbox"/> Standing <input type="checkbox"/> Awning	
2. Dimensions Height (ft/in) _____ Width (ft/in) _____ Area (sq. ft.) _____ Area of Facade _____ Letter Height (in) _____	
3. Location Height of highest part of sign / awning above ground elevation _____ Will this sign project into, on or over a public sidewalk, street or way? Y <input type="checkbox"/> N <input type="checkbox"/>	
4. Materials: _____	
5. Colors Background Color _____ Lettering Color _____	
6. Illumination Y <input type="checkbox"/> N <input type="checkbox"/> If Yes... <input type="checkbox"/> Internally <input type="checkbox"/> Externally How? _____	
7. Wording _____	
SIGN 3 Does this sign replace an existing one? Y <input type="checkbox"/> N <input type="checkbox"/>	
1. Type <input type="checkbox"/> Wall <input type="checkbox"/> Window <input type="checkbox"/> Standing <input type="checkbox"/> Awning	
2. Dimensions Height (ft/in) _____ Width (ft/in) _____ Area (sq. ft.) _____ Area of Facade _____ Letter Height (in) _____	
3. Location Height of highest part of sign / awning above ground elevation _____ Will this sign project into, on or over a public sidewalk, street or way? Y <input type="checkbox"/> N <input type="checkbox"/>	
4. Materials: _____	
5. Colors Background Color _____ Lettering Color _____	
6. Illumination Y <input type="checkbox"/> N <input type="checkbox"/> If Yes... <input type="checkbox"/> Internally <input type="checkbox"/> Externally How? _____	
7. Wording _____	

SECTION 4 - APPLICATION DECLARATION

I (we) the undersigned, as permit applicant(s), hereby declare that the statements and information on the foregoing application are true and accurate to the best of my (our) knowledge and belief.

Signed under the pains and penalties of perjury:

If the owner fills authorized an agent to act on his/her behalf, please include a signed authorization letter with this application.

Date: 3/16/21

Sign Contractor Signature (required if identified on form) _____ Date _____

ZONING DETERMINATION / AUTHORIZATION — FOR OFFICE USE ONLY

In accordance with Section XVIIA of the Town of Wellesley's Zoning Bylaws, the sign(s) submitted on this application require:

- "By Right" review
- Special Permit approval

Please obtain signatures identified below and make any changes to the application details as required.

DESIGN REVIEW BOARD

Authorized Signature _____ Date _____ DBS # _____

ZONING BOARD OF APPEALS

Authorized Signature _____ Date _____ ZBA # _____

BUILDING DEPARTMENT

Authorized Signature _____ Date _____

SECTION 5 - DESIGN REVIEW BOARD APPLICATION REQUIREMENTS

- 9 Copies of the following
 - Samples of all colors proposed to be used on sign or awning.
 - Scaled, dimensioned drawing of the sign/awning including lettering, borders and other design elements (minimum scale 3/4 of an inch or larger).
 - Location plan for standing signs showing distance, setback from property lines (minimum scale 1/40 of an inch or larger).
 - Drawing of facade showing proposed placement of sign/awnings in relation to trim/significant architectural elements (minimum scale 1/4 of an inch or larger).
 - Color photographs of the facade and adjacent buildings.
- FEES:** Please make check payable to the: "Town of Wellesley"
- Awnings - \$ 50.00
 - By Right Signs - \$ 50.00
 - Special Permit Signs - \$ 150.00

For Office Use Only

APPLICATION # _____



SIGN PERMIT

Property (Number and Street) _____

Date Permit Granted _____

Reviewed By _____

Fees Collected:

Permit _____

Microfilming _____

TOTAL \$ _____