



TOWN OF GREAT BARRINGTON  
MASSACHUSETTS

**DESIGN ADVISORY COMMITTEE**

Application Date: \_\_\_\_\_

Application Made By: \_\_\_\_\_

Applicant's Street Address & Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Owner/Manager Contact Information: \_\_\_\_\_

**Signature of Property Owner Indicating Consent:** \_\_\_\_\_

Date: \_\_\_\_\_

District: \_\_\_\_\_

Type of Sign: \_\_\_\_\_

Location of Sign: \_\_\_\_\_

Facade Size of Sign: \_\_\_\_\_

**Setbacks-**

Footage from Front of Building to Edge of Roadway: \_\_\_\_\_ Street Line: \_\_\_\_\_

Facing Property from Road-

Side Property Lines- Left Side: \_\_\_\_\_ Right Side: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ATTACH A PHOTO OR SKETCH INDICATING THE COLORS AND  
MEASUREMENTS OF THE PROPOSED ALTERATIONS**

**SKETCH:**

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**For Office/Committee Use Only**

**Office of the Building Commissioner**

Inspector Name: \_\_\_\_\_

**Sign Compliance** –

Sign Complies with Chapter 146?    Yes    No    Section of Sign Bylaw: \_\_\_\_\_

Size of Sign Complies?    Yes    No

Location of Sign Complies?    Yes    No

Any Additional Comments:

**Design Advisory Committee**

Meeting Date Reviewed:

Official Suggestions: