



Medway Design Review Committee (DRC)
Application for Sign Design Review

Medway Location/Address where the sign will be installed: _____
What is the interior width of the storefront? _____

Building/Development Name: (if applicable): _____

Medway Zoning District: _____

Applicable Sign Standard Table (from Medway Zoning Bylaw) Table # _____.

Applicant Information (Local Medway business establishment where the sign is to be installed)

Business Name: _____

Mailing Address: _____

Contact person: _____

Phone: _____ Cell Phone _____

Email address: _____

Type of Proposed Signs – For sign definitions, refer to *Medway Zoning Bylaw (Section 7.2 Signs Regulation)*. The *Medway Zoning Bylaw* is available online at: www.townofmedway.org.

Type of Sign	# of Signs	Signs Dimensions	Total Square Footage of Sign Surface Area	Sign Height	Type of Illumination (internal, external or none)
Wall/Façade Sign					
Free-standing Individual Business Sign					
Free-standing Multi-Tenant Development Sign					
Awning Sign					
Projecting Sign					
Directory Sign					
Window Sign					
Other Type of Sign (Describe)					

Attach the following items to this form. pdf format is requested for the application form and all attachments. Please email application and documents to sachilds@townofmedway.org

- _____ 1. Manufacturer's scaled COLOR drawing with dimensions and DETAILED specifications for materials and illumination.
- _____ 2. For a wall sign, a scaled image showing the sign's position on the building.
- _____ 3. Landscaping Plan and Plot Plan marked with location of the free-standing sign and distances from street/lot lines.
- _____ 4. Color photograph(s) of building/location(s) where sign will be installed and existing signs.
- _____ 5. Color drawing of corporate logo (if applicable).
- _____ 6. Color photograph of similar/comparable sign on which your sign design is based.
- _____ 7. A letter or other descriptive or explanatory information you want to provide to the DRC.

Does this application pertain to a completely new sign?

☐ Yes ☐ No (If NO, please include photos/info of the existing sign you are modifying)

Does this application pertain to a replacement panel for an existing sign structure?

☐ Yes (If yes, please include photos/info of the existing sign) ☐ No

If the business is located in a multi-tenant development, is there a Master Sign Plan for the development?

☐ Yes ☐ No ☐ Don't Know

Does your lease require the property owner's approval of your sign?

☐ Yes ☐ No ☐ Not applicable

Sign Designer/Fabricator/Installer Information

Company Name: _____

Mailing Address: _____

Contact person: _____

Phone: _____ Cell Phone: _____

Email address: _____

Property Owner Information

Company Name: _____

Mailing Address: _____

Contact person: _____

Phone: _____ Cell Phone: _____

Email address: _____

Proposed sign designs are reviewed by the Medway Design Review Committee (DRC).

The business owner and sign designer/fabricator must attend the DRC meeting.

**The DRC generally meets on the first & third Monday night of each month at 7 p.m.
at the Medway Library, 26 High ST.**

(DRC meeting agendas are posted at the Town's web page at www.townofmedway.org)

**An Application for Sign Design Review and all supporting information must be submitted
to the Medway Planning office by 12 noon on the Wednesday before a DRC meeting.**

Please submit this application form and all attachments as follows:

Email: sachilds@townofmedway.org **PREFERRED**

Fax: 508-321-4987

Mail: Design Review Committee
c/o Medway Planning office
155 Village Street, Medway, MA 02053

Drop Off: Medway Planning office @ Medway Town Hall, 155 Village Street

Phone: 508-533-3291

**Applicants and sign designers should read the Sign Guidelines included in the
Medway Design Review Guidelines before developing a sign design.**

<http://www.townofmedway.org/design-review-committee/pages/sign-design-review>

Sign designs should be developed in accordance with the Sign Design Guidelines.

Date Application Received by Medway Planning office: _____

Reviewed by Medway Planning Coordinator: _____ **DRC Meeting Date:** _____