TOWN OF KENNEBUNKPORT, MAINE

~ INCORPORATED 1653 ~

APPLICATION FOR SIGN PERMIT

Date _____ **Zone** _____**Map** _____ **Block** _____ **Lot** _____

Property Owner _____ **Phone** _____

Applicant (if other than owner) _____

Mailing Address _____

Email Address _____

Project Location _____

Please provide drawing/picture of sign with dimensions clearly listed.

Please provide drawing of gross square footage of unit with measurements.

Attach site plan showing the location of the proposed sign on the site. Be sure to include the setbacks.

_____

Signature of Applicant **Date**

Date Received _____ **Permit Approved** _____**Permit Denied** _____

Permit # _____ **$50.00 Fee Paid** _____

_____

Code Enforcement Officer **Date**

6 Elm Street, P.O. Box 566, Kennebunkport, Maine 04046 • Tel: (207) 967-4243 Fax: (207) 967-8470