

APPLICATION FOR PERMIT TO OPERATE ON A POSTED WAY

Please submit the completed application to Michael Claus at mclaus@kennebunkportme.gov

(For Office Use Only)

Application No.: _____

An Application is hereby made to the Town of Kennebunkport Public Works Director for permission as provided by the "Rules for Temporary Closing of Ways" to operate on a posted Town Way in accordance with the following:

Vehicle Owner: _____

Address _____

Telephone: _____ E-Mail: _____

Type Vehicle: _____

GVWR: _____ lbs. Tare Weight: _____

License Plate No: _____ No. of Axles: _____

Type of Cargo: _____ Cargo Weight/Load: _____ lbs.

Destination of Vehicle: _____

Name of Posted Way(s): _____

Est. Total No. of Trips: _____ Max. No. of Trips/Day: _____

Date(s) for Permit: from _____ to _____

Signature of Authorized Representative: _____

Print Representative Name: _____ Date: _____

(Below for Office Use Only)

Amount of Financial Security: _____ Date Paid: _____

The above request is hereby approved subject to the following conditions:

The above request is hereby denied for the following reasons:

Date: _____