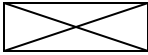
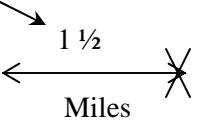
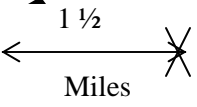


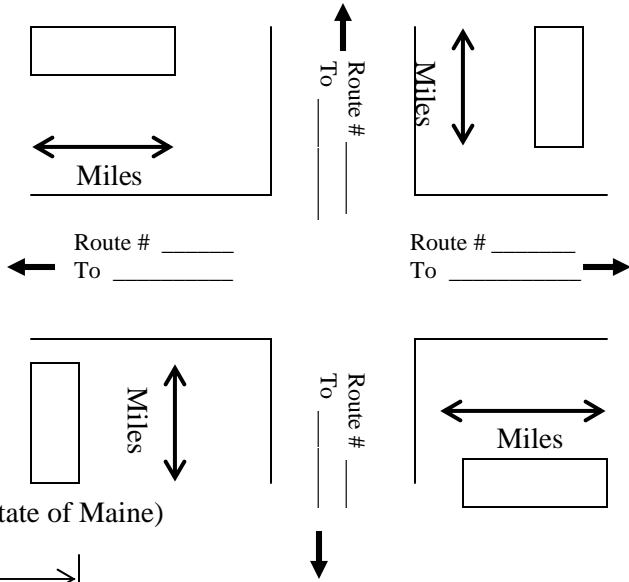
OFFICE USE ONLY
 Received \$ _____
 Check _____
 Date _____ By _____

**MAINE DEPARTMENT OF TRANSPORTATION
 APPLICATION FOR
 NON-REFLECTORIZED
 OFFICIAL BUSINESS DIRECTIONAL SIGN PERMIT (S)**

OFFICE USE ONLY
 APPLICATION NO. _____
 DATE _____

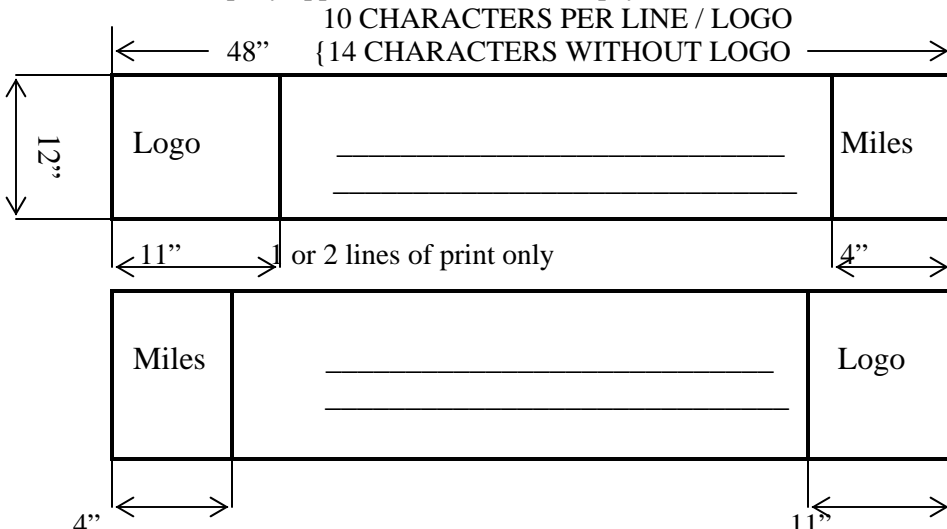
Business, Firm, or Corporation: _____ Tel. #: _____
 Mailing Address: _____
 City / Town: _____ State: _____ ZIP Code: _____
 Contact Person: _____ Tel. #: _____
 Applicant's Signature: _____ Date: _____
 Sign (s) Location City / Town: _____ County: _____
 Using sketch please give information to locate intersection:

- a. Check location desired thus: 
- b. Circle number of signs required at this intersection: 1 2
- c. Insert Route # / Road names on sketch:
- d. Insert distance and direction to facility on line near sign block thus: 
- e. X out arrow, **which does not apply.** 



Fee: (\$ 15.00 per sign)

Checks must accompany application- (Make check payable to Treasurer, State of Maine)



Applicant must insert legend and / or logo desired at the left.
 Logo Description: _____

DO NOT HAVE ANY SIGNS MADE UNTIL THE LOCATIONS HAVE BEEN APPROVED AND YOU HAVE RECEIVED THE NECESSARY SIGN PERMITS!
 NOTE THAT MUNICIPAL APPROVAL IS REQUIRED IN THE SPACE PROVIDED PRIOR TO SUBMITTING APPLICATION.

MUNICIPAL APPROVAL: I certify that the sign applied for herein complies with local ordinances.
 Restrictions: _____ By: _____
 (Signature of Municipal Official) (Title) (Date)

DO NOT WRITE BELOW THIS LINE / OFFICE USE ONLY

MDOT APPROVAL: _____ **DATE:** _____ Exact location as follows:
 No. 1. _____
 No. 2. _____

NOT APPROVED: MDOT representative to state reason for non-approval on back of this form.

NOTICE: This application must be sent to: _____
FOR INFORMATION CALL 207-624-3611

**Maine Department of Transportation
 Attn: Traffic Division - OBDS
 16 State House Station
 Augusta, Me. 04330-0016**