

TOWN OF BUCKSPORT SIGN PERMIT APPLICATION

FOR OFFICE USE	
DATE REC.	_____
TAX MAP	_____ LOT _____
DISTRICT	_____
BUSINESS:	___NEW ___EXISTING
PB APPROVAL REQUIRED?	___YES ___NO
DATE APPROVED	_____
PERMIT FEE	_____

APPLICANT NAME _____

MAIL ADDRESS _____

HOME PHONE _____ WORK PHONE _____

OWNER (IF DIFFERENT) _____

MAIL ADDRESS _____

HOME PHONE _____ WORK PHONE _____

LOT LOCATION _____
STREET NAME _____

DESCRIBE EXISTING USE OF LOT: _____

TOTAL NUMBER OF PROPOSED ATTACHED SIGNS- _____

TOTAL NUMBER OF PROPOSED FREE STANDING SIGNS- _____

DESCRIBE EACH PROPOSED SIGN (INCLUDE DIMENSIONS, HEIGHT TO TOP OF SIGN, METHOD OF LIGHTING, IF ANY, TYPE OF SUPPORT IF FREE STANDING, MESSAGE SHOWN ON SIGN:

SHOW ON THE BACK OF THIS FORM OR ON A SEPARATE SHEET WHERE THE PROPOSED SIGN INSTALLATION WILL BE LOCATED ON THE PROPERTY.

AS PROPERTY OWNER OR AUTHORIZED AGENT OF THE PROPERTY OWNER, I CERTIFY THAT ALL THE INFORMATION CONTAINED WITHIN THIS APPLICATION, INCLUDING ATTACHMENTS IF ANY, IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

OWNER OR AUTHORIZED AGENT

DATE _____