

For Office Use Only

Fee Paid: \$ _____
Inspection Date: ____-____-____

Sign Permit #: _____
Issue Date: ____-____-____

SIGN PERMIT APPLICATION

TOWN OF WALDOBORO

1600 Atlantic Highway
Waldoboro, Maine 04572
(207) 832-5369 | ceo@waldoboromaine.org

Property Owner: _____ Telephone: ____-____-____

Mailing Address: _____ State: _____ Zip: _____

Name of Contractor/Applicant: _____

Mailing Address: _____ Telephone: ____-____-____

Property Address: _____

Tax Map: _____ Lot: _____ Zoning District: _____ Acres: _____

Number of Sign(s) Requested: _____ Est. Cost of Project: \$ _____ Height of Sign(s) _____

Type of Sign(s): Freestanding Attached Illuminated Exterior Dimensions: _____

Setbacks: Road Right of Way: _____ Property Line: _____

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION. I ALSO CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND AGREE TO CONFORM TO THE WALDOBORO LAND USE ORDINANCE AND TO APPLICABLE LAWS OF THIS JURISDICTION. I UNDERSTAND THAT A CERTIFICATE OF COMPLIANCE MUST BE ISSUED BEFORE I INSTALL THE SIGN

Signature (property owner/applicant): _____ Date: _____

Permit fee: \$40.00 per sign and \$50.00 refundable deposit for temporary.

CEO: _____ **Date received by CEO:** ____-____-____

Fee Paid: \$ _____ **Status:** _____

Reason for Denial: _____

Set Backs

- Property Line..... 20'
- Road Way..... 2'
- Right-of-way..... 2'
- Freshwater Pond..... 100'
- Wetland, Stream, or Medomak River..... 75'

