



TOWN OF CAPE ELIZABETH

Code Enforcement Office
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SIGN PERMIT APPLICATION # _____

MAP _____ **LOT** _____ **LOT SIZE** _____

LOCATION _____

OWNER _____

OWNER ADDRESS _____

TELEPHONE HOME _____ **WORK** _____ **CELL** _____

APPLICANT _____

APPLICANT ADDRESS _____

TELEPHONE _____ **CELL** _____

CONTRACTOR _____

ADDRESS _____

TELEPHONE _____ **CELL** _____ **JOB SITE** _____

FAX _____ **EMAIL** _____

TYPE OF SIGN PROPOSED _____ **REPLACEMENT** _____ **NEW** _____ **ADDITIONAL SIGNAGE**
_____ **TEMPORARY MESSAGE BOARD**

TOTAL SQUARE FOOTAGE OF EXISTING SIGN/S _____

ADDITIONAL SQUARE FOOTAGE PROPOSED _____

TOTAL SQUARE FOOTAGE OF EXISTING & PROPOSED _____

PERMIT FEE: \$25.00/SIGN PAID: CASH _____ **CHECK #** _____

PRINTED NAME _____ **OWNER / AUTHORIZED AGENT**

SIGNED _____ **DATE** _____
OWNER / AUTHORIZED AGENT