Date	
	On Premise
Zone	Directional

Sign Permit (s)

MUNICIPAL OFFICE

P.O. BOX 139



TOWN of EDGECOMB, MAINE 04556	Fort Edgecomb
No. 17-	Receipt to: Sign Permits
Map: Lot:	_
Name of Business:	
Business Address:	Tel:
Name of Business Owner (s):	
Address:	Tel:
Signature:	
Signs to be located on (street or road name):	
Size:	
Height:	:
Location: Attached to building Free standing	ng
Lighting: Interior Exterior	
Business Directional Sign: YES NO	
Attach sheet showing size and approximate location ,landscape, and cor	astruction of the sign.
Please NOTE: You should call DIG SAFE (1-888-344-7233) prior t	o installing sign posts in the ground.
PLEASE CHECK WITH THE TOWN CLECK ON THE NEED O	F A BUSINESS LICENSE
Permits are issued in the name of the owner(s) NOT THE NAME OF T during continued ownership.	HE BUSINESS and are valid only
The Town of Edge each disclaims responsibility for injuries to persons erection or installation of the sign or signpost for which this permit(s) no be assumed by the owner(s) of the permit.	or property, which may result from the nay be granted. Such responsibility is to
Fee: \$35,00 per sign Total:	
Make check payable to: Town of Edgecomb Mail to: Town of Edgecomb Approved by P.O. Box 139 Edgecomb, ME 04556	
Edgecomb, ME 08556	Sign Control Officer
Year 2017 Attn: George Chase	