



# TOWN OF NAPLES SIGN PERMIT

P.O. Box 1757, Naples, Maine 04055  
Phone: (207) 693-6364 / Fax: (207) 693-3667  
[www.townofnaples.org](http://www.townofnaples.org)

Permit # \_\_\_\_\_ Zone: \_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different)

Sign Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Are you adding on to an existing sign? \_\_\_\_\_ (Photos must be provided with this application)

If applicable Existing sign SF/Measurements: \_\_\_\_\_

\_\_\_\_\_ Wall Sign

\_\_\_\_\_ Free Standing Sign

\_\_\_\_\_ MDOT Sign

\_\_\_\_\_ Business Directory

\_\_\_\_\_ Electronic Sign

\_\_\_\_\_ Banner/Flag

\_\_\_\_\_ Temporary Sign – Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Is this a replacement of an existing sign?  Yes  No

Is an electrical permit required?  Yes  No

Is the sign illuminated?  Yes  No

If Yes:  Internally  Externally

Double Sided: \_\_\_\_\_ Yes \_\_\_\_\_ No Width: \_\_\_\_\_ Height: \_\_\_\_\_ Total SF: \_\_\_\_\_

Setbacks: Front \_\_\_\_\_ ft; Side(s) \_\_\_\_\_ ft; Rear \_\_\_\_\_ ft

Describe or attach drawing of framing support:  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*This Permit is only valid for one year after the date issued*

**I HERBY CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS COMPLETE AND CORRECT AND I AGREE TO COMPLY WITH ALL TOWN ORDINANCES AND LAWS APPLICABLE TO THIS PROJECT. I UNDERSTAND THAT I MAY BE REQUIRED TO MOVE/REMOVE ANY IMPROVEMENT IF AN EXACT DETERMIANTION OF PROPERTY LINES ESTABLISHES THAT REQUIRED SETBACKS WERE NOT MET. I AM OR LEGALLY REPRESENT THE OWNER OF THE SUBJECT PROPERTY FOR THE PURPOSE OF THIS PERMIT**

**FOR OFFICE USE ONLY**

Fee (\$2.00 per Square Foot, minimum fee of \$50): \$ \_\_\_\_\_

APPROVED / DISAPPROVED:CEO SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_