



CITY OF AUBURN SIGN PERMIT APPLICATION

60 Court Street, Auburn ME 04210 Phone: (207)333-6601 X1133 Fax: (207)333--6625

Tax Map #: _____ Permit #: _____ Date Issued: _____

Temporary – Expiration Date _____ Zone: _____ Fee: _____

Property Owner: _____ Owner Address: _____

Address of Sign: _____ Installer: _____

Business Name: _____ Installer Phone #: _____

Business Owner: _____ Business Phone #: _____

Business Mailing Address: _____

APPLICANT'S EMAIL: _____

TYPE OF SIGN AND DIMENSIONS

Permit Fee for Each Sign = (Sign area in square feet x \$0.50) + \$25 per sign. (Rounded up to nearest dollar)

Please attach a sketch or rendering of each sign

Wall Sign(s): Number of signs: _____

Dimensions of Sign 1: _____ x _____

Dimensions of Sign 2: _____ x _____

Dimensions of Sign 3: _____ x _____

Dimensions of Sign 4: _____ x _____

Method of Support: _____

Are any of the signs: Projecting _____ Roof _____ *Illuminated _____ Reflective _____ Non-illuminated _____

****IMPORTANT NOTE: For electrified signs, the Sign Permit will not be valid until an Electrical Permit has been obtained by a licensed electrician.***

Ground Sign(s): Number of signs: _____

Dimensions of Sign 5: _____ x _____

Dimensions of Sign 6: _____ x _____

Dimensions of Sign 7: _____ x _____

Method of Support: _____

Projecting Sign: Height from under side of sign to ground _____

Ground Sign: Overall height of sign _____

Height under sign to ground _____

Roof Sign: Height of sign _____

Height from under side of sign to roof _____

Please attach a site plan or tax map for any pylon/ground signs showing the following:

1. Lot size and shape
2. Location of building (if any)
3. Location of sign.
4. Distance of sign from side lines & road travel way

VALUE OF SIGNS

Value of Sign 1: _____ Sign 2: _____ Sign 3: _____ Sign 4: _____

Sign 5: _____ Sign 6: _____ Sign 7: _____ TOTAL: _____

****Note: If the above property is not owned by the applicant, the signature of the property owner must be obtained prior to permit being issued.**

Signatures: OWNER _____ APPLICANT _____

Reviewed & Approved By: _____

RMR 5_3_2021