

# BOARD OF DESIGN REVIEW APPLICATION FORM



## INSTRUCTIONS

*This application form must be filled out completely and accurately for any application to the Board of Design Review. Attach additional information, plans, studies, etc. as required.*

## PROJECT INFORMATION

Project Name: CAMP EATON, INC - FRONT SIGN REPLACEMENT

Project Description: REPLACEMENT OF FRONT SIGN ALONG YORK ST

- SAME SIZE, SHAPE & ORIENTATION AS EXISTING SIGN
- NO LIGHTING

Street Address: 750 YORK ST

Tax Map(s) & Lot(s): 40/61

## AUTHORIZED REPRESENTATIVE

*Identify the one person who will be the primary contact for this project.*

Name: PETER T. WAGNER

e-mail: PETER @ CAMP EATON.COM Phone #: 207 363-3424 TSUSINCO  
207 351-7611 CELL

## PROPERTY OWNER(S)

*Identify the owner or owners of all property involved in this application. Attach additional sheets if necessary. The property owner is the applicant.*

Name: PETER T. WAGNER CAMP EATON, INC

Mailing Address: BOX 626 YORK HARBOR ME 03911

By signing, I certify that the information provided is true and accurate, and that my authorized representative, if applicable, has my consent to represent this application.

Owner's Signature: Peter T. Wagner Date: 10/18/22

*In the event there is more than one owner, all must sign. Attach additional sheets if necessary.*

PRESIDENT