

# 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 BUSINESS  
207 351-7811 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