

**City of South Portland  
Office of the City Clerk  
P.O. Box 9422  
South Portland, ME 04116-9422  
207-767-7628**

**Amplifying Device Permit Application**  
Chapter 17 §17-18

Name of Firm, Organization, or Resident: \_\_\_\_\_

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

Name of Contact Person: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Description of Type of Device to be Used: \_\_\_\_\_

Location of Proposed Use: \_\_\_\_\_

Purpose: \_\_\_\_\_

Date of Use: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. or P.M. to \_\_\_\_\_ A.M. or P.M.  
(Circle One) (Circle One)

Permit Fee: \$10.00  
Processing Fee: N/A

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name

**\* List of signatures from neighbors must be attached.**

\_\_\_\_\_  
Date

**For Municipal Use Only**

Receipt #: \_\_\_\_\_

**Police Chief**  
Approved \_\_\_\_\_

Date: \_\_\_\_\_

Disapproved \_\_\_\_\_

Comment \_\_\_\_\_

