		3, Fax: (207)874-8716		017 G033001 _	
Location of Construction:	Owner Name:		-	Phone:	
10 Sheridan St		h J Wid Wwii Vet	10 Sheridan St		
Business Name:	Contractor Name		Contractor Address:	Phone	
	Dead River Co	ompany	PO Box 467 Scarborough	2078839515	
Lessee/Buyer's Name	Phone:		Permit Type:	Zone:	
			HVAC		
Past Use:	Proposed Use:	·			
Single Family	Single Family	w/ heating system in	45		
	basement		FIRE DEPT: Approved INSPECTION: Use Group: Type: H		
Proposed Project Description:				11	
Install an Oil Heating System i	in Basement/275 Gallo	n Tank	Signature: Si	gnature:	
Permit Taken By:	Date Applied For: 08/11/2003		Zoning Approval		
1.		Special Zone or Review	vs Zoning Appeal	Historic Preservation	
1,		Shoreland	☐ Variance /	Not in District or Landanar	
2.		Wetland	Miscellaneous	Does Not Require Review	
4.					
3.		☐ Flood Zone / {	Conditional Use	Requires Review	
		$I \cap I \cap X$			
		Subdivision	nterpretation	Approved	
		Ste Plan	Approved	Approved w/Conditions	
			Denied	Denied	
		Maj Minor MM	Defined	Bellieu	

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

9/29/05 done