

CONTACT INFORMATION:

APPLICANT

Name: THOMAS BLACKBURN  
Address: MAINE CHARITABLE  
MELITAMC ASSOC  
Zip Code: 519 CONGRESS ST  
PORTLAND, ME 04101  
Work #: -  
Cell #: 207-732-8134  
Fax #: 207-773-4404  
Home: -  
E-mail: TEB@PORTLAND.TWIBC-  
COM

PROPERTY OWNER

Name: MCMA  
Address: 519 CONGRESS ST  
PORTLAND, ME  
Zip Code: 04101  
Work #: 773-8396  
Cell #: -  
Fax #: -  
Home: -  
E-mail: MCMA1857@GMAIL-  
COM

BILLING ADDRESS

Name: \_\_\_\_\_  
Address: SAME  
Zip: \_\_\_\_\_  
Work #: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Home: \_\_\_\_\_  
E-mail: \_\_\_\_\_

ARCHITECT

Name: NONE  
Address: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Work #: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Home: \_\_\_\_\_  
E-mail: \_\_\_\_\_

CONTRACTOR

Name: WELCH SIGN  
Address: 295 FOREST AVE  
PORTLAND, ME  
Zip Code: 04101  
Work #: 207-883-6200  
Cell #: 207-776-8448  
Fax #: -  
Home: -  
E-mail: JOHN@WELCHUSA.COM

[Signature]  
Applicant's Signature

\_\_\_\_\_  
Owner's Signature (if different)