
CONTACT INFORMATION:

Applicant – must be owner, Lessee or Buyer		Applicant Contact Information	
Name:		Work #207-318-3813	
Travis Smith		Homott ""	
Business Name, if applicable:		Home# ""	
Travis Smith Carpentry Address:		Cell # "" Fax#	
22 Wordsworth st		CCI II	
City/State :	Zip Code:04103	e-mail:travissmithcarpentry@gmail.com	
Portland ME	•		
Owner – (if different from Applicant)		Owner Contact Information	
Name:Zeile Dougher		Work #	
Address:12 Deering st		Home#	
City/State : Portland ME	Zip Code:04101	Cell # 207-899-8965 Fax#	
		e-mail:zeiledougher@gmail.com	
Billing Information		Billing Contact Information	
Name:		Work #	
Address:		Cell # Fax#	
City/State :	Zip Code:	e-mail:	
Architect		Architect Contact information	
Name:		Work#	
Address:		Home#	
City/State :	Zip Code:	Cell # Fax#	
		e-mail:	
Contractor		Contractor Contact Information	
Name:		Work #	
Address:		Home#	
City/State :	Zip Code:	Cell # Fax#	
		e-mail:	

Travis Smith	
Applicant's Signature	Owner's Signature (if different)