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or electrical work. 3. Building permits are void if within six (6) months of the False information may invali		☐ Shoreland			☐ Variance			☐ Not in District or Landm	
3. Building permits are void if within six (6) months of the a False information may invalid	Building permits do not include plumbing, septic		☐ Wetland		Miscellaneous			☐ Does Not Require Revie	
False information may invali	3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building				Condition	onal Us		Requires Review	
					☐ Interpretatio			Approved	
			☐ Site Plan Maj ☐ Minor☐ MM ☐		Approved			Approved w/Condition	
					☐ Denied			☐ Denied	
			Date:		Date:		Date	Date:	
			CERTIFICATIO	ON.					
I hereby certify that I am the own I have been authorized by the own jurisdiction. In addition, if a perm shall have the authority to enter a to such permit.	ner to make this appli nit for work described	med pro cation a l in the a	perty, or that the s his authorized pplication is iss	he propo d agent a sued, I c	and I agree t certify that th	to conform to ne code officia	all appl al's auth	licable laws o norized represe	f this entative
SIGNATURE OF APPLICAN			ADDRESS	S		DATE		PH	IO

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction:	eation of Construction: Owner Name:			Owner Address:		Phone:	
722 CONGRESS ST		SARGENT COLIN W &	& NANCY D S	OS 722 CONGRESS ST			
Business Name:		Contractor Name:		Contractor Address:		Phone	
		main gas		908 Roosevelt Trail Wi	ndham	207892674	4
Lessee/Buyer's Name		Phone:		Permit Type:	<u>.</u>		Zone:
				Tanks - Commercial			
Dept: Zoning	Status: 1	Not Applicable	Reviewer	: Tammy Munson	Approval Dat	e: 03/2	21/2006
Note:						Ok to Issue	: ~
Dept: Building	Status: A	Approved with Condition	ıs Reviewer	: Tammy Munson	Approval Dat	e: 03/2	21/2006
Dept: Building Note:	Status: A	Approved with Condition	ns Reviewer	: Tammy Munson		e: 03/2	
Note:		Approved with Condition the State of Maine Gas		: Tammy Munson			
Note:	comply wit		Regulations.			Ok to Issue	
Note: 1) The installation must of	comply wit	h the State of Maine Gas	Regulations.		Approval Dat	Ok to Issue	17/2006

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 APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO