14 Orchard St - Window Replacement
A-5 - Contact Information

Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 06/10/14

CONTACT INFORMATION:

Applicant – must be owner, Lessee or Buyer	**Applicant Contact Information**
Name: Lois Reckitt, Executive Director	Work # 767-4952
Business Name, if applicable: Family Crisis Services	Home# 712-2474
Address: 14 Orchard St	Cell # 712-2474 Fax# 767-8109
City/State : Portland, Maine Zip Code: 04102	e-mail: lois_r@familycrisis.org
Owner – (if different from Applicant)	**Owner Contact Information**
Name:	Work #
Address:	Home#
City/State : Zip Code:	Cell # Fax#
	e-mail:
Billing Information	**Billing Contact Information**
Name: Family Crisis Services	Work # 767-4952
Address: P.O. Box 704	Cell # 712-2474 Fax# 767-8109
City/State : Portland, Maine Zip Code: 04104	e-mail: lois_r@familycrisis.org
Architect	**Architect Contact information**
Name:	Work #
Address:	Home#
City/State : Zip Code:	Cell # Fax#
	e-mail:
Contractor	**Contractor Contact Information**
Name: Mark Foley	Work # 650-8527
Address: 148 Breakwater Dr. #219	Home# 650-8527
City/State : South Portland, Maine Zip Code: 04106	Cell # 650-8527 Fax# 767-1904
	e-mail: 49foley.m@gmail.com

Mark Foley
Applicant's Signature

Owner's Signature (if different)