

Location of Construction: 3 St John St		Owner: Sweetser Children's Services		Phone:		Permit No: 970402	
Owner Address:		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: W.H. Demmons, Inc. Maine		Address: Air Cond. 93 Warren Ave Ptld, ME		Phone: 04103 797-7417		Permit Issued: MAY - 2 1997	
Past Use: Clinic		Proposed Use: Same		COST OF WORK: \$ 41,575.00		PERMIT FEE: \$ 230.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description: Install HVAC System				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
Permit Taken By: Mary Gresik		Date Applied For: 29 April 1997		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: <i>B-2</i> CBL: 070-C-002	
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Approval: <i>[Signature]</i> 4/30/97 Special Zone or Reviews:	
				Signature: _____ Date: _____		<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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 permit and stop all work..

SCANNED

PERMIT ISSUED WITH REQUIREMENTS

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 provisions of the code(s) applicable to such permit

*Thomas Carney*  
SIGNATURE OF APPLICANT Tom Carney ADDRESS: \_\_\_\_\_ DATE: 29 April 1997 PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

**Historic Preservation**  
 Not in District or Landmark  
 Does Not Require Review  
 Requires Review  
 Action: *Any extension of ductwork and condensers to be identified separately*  
 Approved  
 Approved with Conditions  
 Denied  
 Date: *4/29/97*

*[Signature]*  
CEO DISTRICT 3  
T. Munson