

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

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

Location of Construction: 70 WEST SHORE DR	Owner Name: CONLON WILLIAM B	Owner Address: 461 BROOME ST	Phone:	
Business Name:	Contractor Name: Samuel Vandam	Contractor Address: 66 West Street Portland	Phone 2077750443	
Lessee/Buyer's Name	Phone:	Permit Type: Single Family	Zone:	

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.

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