•	U	Permit Applica		Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel:	` ′	8, Fax: (207) 874-8		2013-02059		111 C001001
		CATHRA M & HANSON JTS		er Address: DEERFIELD RE D1	, ME	
Business Name:	Contractor Name: New Energy Solutions LLC nesmaine@roadrunner.com		Contractor Address: P.O. Box 550 Standish ME 04084			<b>Phone</b> (207) 699-6199
Lessee/Buyer's Name	Phone:		Permit Type: HVAC			Zone:
Past Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:
Single Family same: Single				\$90.00 ECTION:	\$7,00	00.00 4
Proposed Project Description:						
HVAC; Install Laars Mascott II Direct Vent		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  Action: Approved Approved w/Con  Signature: Date			PAD)	
					ed w/Conditions Denied	
			S	Date:		
-	applied For: 2/2013		Zoning Approval			
This permit application does not preclude the		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variano	e	Not in District or Landma
2. Building permits do not include septic or electrical work.	☐ Wetland		Miscell	aneous	Does Not Require Review	
3. Building permits are void if wo within six (6) months of the dat False information may invalida	e of issuance.	Flood Zone			onal Use	Requires Review
permit and stop all work	Subdivision		Interpre	tation	Approved	
	Site Plan		Approv	ed	Approved w/Conditions	
	Maj Minor MM		Denied		Denied	
	Date:		Date:		Date:	
I hereby certify that I am the owner of I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all a such permit.	to make this appl for work describe	lication as his authord in the application	nat the rized a is issu	proposed work agent and I agree aed, I certify tha	to conform to the the code offici	all applicable laws of this al's authorized representative
SIGNATURE OF APPLICANT		ADD	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE