	0			Permit No:	Issue Date:	CBL:
01 Tel: (2	207) 874-8703	, Fax: (207) 874-8	716	2014-00723		129 L005001
		OF FOREIGN 687 FO		FOREST AVE	PORTLAND,	Phone:
D M		DOCT 400			DL	
Deering Memorial Post Firesafe Equi		pment P.O. Box 1			ırn ME 04211	Phone (207) 784-7525
Lessee/Buyer's Name Phone:			Permit Type: Fire Suppression Non-Water Based			Zone:
Past Use: Proposed Us			Permit Fee: Cost of Work:		CEO District:	
Social/Fraternal Hall - VFW Same: Social/VFW		Fraternal Hall -	INSPI	\$50.00 ECTION:	\$3,00	00.00 5
			4			
ression						
			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Co			P.A.D.)
			<u> </u>		Date:	
	Zomig Appi				Approval	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Special Zone or Reviews		ng Appeal	Historic Preservation
			Shoreland		e	Not in District or Landman
 Building permits do not include plumbing, septic or electrical work. 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 			Wetland		aneous	Does Not Require Review
			Flood Zone		onal Use	Requires Review
			☐ Subdivision ☐ Site Plan Maj ☐ Minor ☐ MM ☐		tation	Approved
					ed	Approved w/Conditions
						Denied
			Date:			Date:
ne owner to a permit fo	make this appl r work describe	amed property, or the ication as his authoral in the application	at the rized a is issu	proposed work i gent and I agree ed, I certify that	to conform to the code offici	all applicable laws of this al's authorized representative
	Date Ap 04/11 does not pling applic to include place invalidate	Owner Name: VETERANS (WARS DEER DOCT FOR Contractor Name Firesafe Equip dchapman@fir Phone: Proposed Use: Same: Social/I VFW Proposed Use: Od/11/2014 In does not preclude the ting applicable State and the date of issuance. invalidate a building real tinclude plumbing, k. The owner of record of the name owner to make this application of the date of issuance. invalidate a building real tinclude plumbing re	Owner Name: VETERANS OF FOREIGN WARS DEERING MEMORIAL DOCT 200 Contractor Name: Firesafe Equipment dchapman@fire-safe.com Phone: Proposed Use: Same: Social/Fraternal Hall - VFW Tession Special Zone or R does not preclude the ting applicable State and of the date of issuance. invalidate a building the date of issuance. invalidate a building the cowner of record of the named property, or the eowner to make this application as his author a permit for work described in the application	VETERANS OF FOREIGN WARS DEERING MEMORIAL DOCT 200 Contractor Name: Firesafe Equipment dchapman@fire-safe.com Phone: Proposed Use: Same: Social/Fraternal Hall - VFW Same: Social/Fraternal Hall - VFW PEDE A Si Date Applied For: 04/11/2014 It does not preclude the ting applicable State and of the date of issuance. invalidate a building k. Did if work is not started off the date of issuance. invalidate a building k. CERTIFICATION CER	Owner Name: VETERANS OF FOREIGN WARS DEERING MEMORIAL DOCT COO Contractor Name: Firesafe Equipment dchapman@fire-safe.com Phone: Proposed Use: Same: Social/Fraternal Hall - VFW Permit Type: Fire Suppression No NSPECTION: PEDESTRIAN ACTIVE Action: Approving Signature: Date Applied For: 04/11/2014 Adoes not preclude the ting applicable State and of the date of issuance. invalidate a building k Did if work is not started of the date of issuance. invalidate a building k CERTIFICATION CERTIFICATION CERTIFICATION CONTractor Address: P.O. Box 1355 Aubu Contractor Address: P.O. Box 1355 Aubu Contractor Address: P.O. Box 1355 Aubu Contractor Address: Proposed Use: Permit Type: Fire Suppression No Permit Fee: \$50.00 INSPECTION: Zoning Wetland Wetland Wetland Miscelle Subdivision Interpretion Maj Minor MM Denied Date: Date: CERTIFICATION CONNET OF that the proposed work is owner to make this application as his authorized agent and I agree a permit for work described in the application is issued, I certify that a permit for work described in the application is issued, I certify that a permit for work described in the application is issued, I certify that a permit for work described in the application is issued, I certify that a permit for work described in the application is issued, I certify that the proposed work is a permit for work described in the application is issued, I certify that the proposed work is a permit for work described in the application is issued, I certify that the proposed work is a permit for work described in the application is issued, I certify that the proposed work is a permit for work described in the application is issued, I certify that the proposed work is a permit for work described in the application is issued, I certify that the proposed work is a permit for work described in the application is issued.	Owner Name: VETERANS OF FOREIGN WARS DEERING MEMORIAL DAYAGE ON Contractor Name: Firesafe Equipment dchapman@fire-safe.com Phone: Proposed Use: Same: Social/Fraternal Hall - VFW Persit Type: Fire Suppression Non-Water Based Social/Fraternal Hall - VFW Persit Type: Fire Suppression Non-Water Based Social/Fraternal Hall - VFW Persit Type: Fire Suppression Non-Water Based Social/Fraternal Hall - VFW Persit Type: Fire Suppression Non-Water Based Social/Fraternal Hall - VFW Persit Type: Fire Suppression Non-Water Based Social/Fraternal Hall - VFW Persit Type: Fire Suppression Non-Water Based Social/Fraternal Hall - VFW Persit Type: Fire Suppression Non-Water Based Social/Fraternal Hall - VFW Persit Type: Fire Suppression Non-Water Based Social Free: Social Free: Cost of Work: Social Social Free: Social Free: Cost of Work: Social Free: Social Free: Cost of Work: Social Free: Social Free: Cost of Work: Social Free: Cost of Work: Social Free: Social Free: Cost of Work: Social F

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE