389 Congress Street, 04101 Tel: (2 Location of Construction: 116 WALTON ST Business Name: Lessee/Buyer's Name	Owner Name: SMITH JACOI Contractor Nan Main Gas Phone: Proposed Use:	3	,	116 V Contra	· Address: VALTON ST			Phone:	
	Main Gas Phone:	ie:	Ι						
Lessee/Buyer's Name	Phone:		T	I and D	Contractor Address: 908 Roosevelt Trail Windham			Phone 2078926744	
	Proposed Use:			Permit Type: HVAC		I.	Zone:		
		ng with with 2-125 LP		Permi	st Fee: \$30.00 DEPT:	Approved	rk: C \$0.00 INSPEC Use Gro		Туре
Proposed Project Description: Install 2-125 lp gas tanks				Signati PEDES	ure: STRIAN ACTI	VITIES DIST	Signature		
			Action Approved Appro			proved w/0	ved w/Condition Denied		
		T		Signat	ure:]	Date:	
				Zoning Approval					
Applicant(s) from meeting applicant	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work		Special Zone or Reviews Shoreland		Zoning Appeal Variance			Historic Preservation Not in District or Landn	
			☐ Wetland		Miscellaneous			☐ Does Not Require Revie	
3. Building permits are void if work is not started within six (6) months of the date of issuance.		☐ Flood Zon			Conditional Us			Requires Review	
False information may invalidate a building permit and stop all work			Subdivision		☐ Interpretatio			Approved	
		☐ Site Plan			Approved			☐ Approved w/Condition	
			Maj 🔲 Mino 🔲 MM 🗍] Denied			☐ Denied	
		Date:			Date:		Dat	te:	
I hereby certify that I am the owner of I have been authorized by the owner t jurisdiction. In addition, if a permit for shall have the authority to enter all art to such permit.	o make this appli or work described	med pro cation a l in the a	as his authorized application is iss	ne prop d agent sued, I o	and I agree to certify that th	o conform t e code offic	o all app cial's autl	olicable laws of horized repres	of this sentative
SIGNATURE OF APPLICAN			ADDRESS	5		DATE		Pl	НО

Location of Construction: 116 WALTON ST	Owner Name: SMITH JACOB		Owner Address: 116 WALTON ST	Phone:		
Business Name:			Contractor Address: 908 Roosevelt Trail Windham	Phone 207892674	Phone 2078926744	
Lessee/Buyer's Name	Phone:		Permit Type: HVAC	·	Zone:	

 Dept:
 Zoning
 Status:
 Approved with Conditions
 Reviewer:
 Marge Schmuckal
 Approval Date:
 11/28/2007

 Note:
 Ok to Issue:
 ✓

- 1) This property shall remain a two (2) family dwelling. Any change of use shall require a separate permit application for review and approval.
- 2) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work
- 4) Separate permits shall be required for future decks, sheds, pools, and/or garages.

 Dept:
 Building
 Status:
 Approved with Conditions
 Reviewer:
 Tammy Munson
 Approval Date:
 12/04/2007

 Note:
 Ok to Issue:
 ✓

1) The installation must comply with the State of Maine Gas Regulations.

Comments:

11/28/2007-mes: this is a legal 2 family D.U.

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.

SIGNATURE OF APPLICAN	ADDRESS	DATE	PHO