

General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Address/Location of Construction:	N// Franch And	
Total Square Footage of Proposed Struct	066 Forest Ave	
	ure:	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant Name: Address Viking Restoration City, State & Zip 9 willey rd SacomE 04072	Telephone: 207-828- 2900
	Saco, ME 04072	Email: rory@ viking restorationdki.com
Lessee/Owner Name: Caroly n (if different than applicant) Address: 1066 FORST Ave	Contractor Name: (if different from Applicant) Address:	Cost of Work: \$ 45
City, State & Zip: Portland, ME 04103	City, State & Zip:	Historic Rev \$
Telephone 207 - S 9 0 - 9 6 38 E-mail:	Telephone	Total Fees: \$
Current Use (i.e. single family)	E-mail: Multi Vuit	
If vacant, what was the previous use?	PWITI VIII	
Proposed Specific use:		
Is property part of a subdivision? If yes, p	lease Name	
Project description: Demolition	of fine I water dame	aged building
Project description: Demolition Compo	rents.	J
Com for Who should we contact when the permit is rea	ady: Rory Hannon	
Address: 9 willey Rd		
Address: 9 willey Rd City, State & Zip: Saco, ME	04072	
E-mail Address: rory & Vikingrestorationdki. com		
Telephone: 207-415-5440		
Please submit all of the information of	outlined on the applicable checklist.	Failure to do so
Causes ar In order to be sure the City fully understands information prior to the issuance of a permit applications visit the Department of Permitting room 315 City Hall or call 874-8703.	For further information or to download	copies of this form and other
I hereby certify that I am the Owner of record proposed work and that I have been authorized to conform to all applicable laws of this juries is issued, I certify that the Code Official's authorities permit at any reasonable hour to enforce the	by the owner to make this application as his/ sdiction. In addition, if a permit for work orized representative shall have the authority	her authorized agent. I agree described in this application y to enter all areas covered by
Signature: Typh	Date: ///	121/16