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|--|---|---|--|
| Location of Construction: 25 Kimberly Ct | Owner Name: Nial Construction Inc | 191 State Rd Ste # 2 | |
| | Pine State Plumbing & Heating | Contractor Address: PO Box 6308 Scarborough | |
| Lessee/Buyer's Name | | | |

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|---------------------------------------|---|----------------------------------|---|
| Dept: | Status: Approved | Reviewer: Marge Schmuckal | Approval Date: 02/03/2004 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| Dept: Building | Status: Approved | Reviewer: Jeanine Bourke | Approval Date: 02/05/2004 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| Dept: Fire | Status: Approved with Conditions | Reviewer: Lt. MacDougal | Approval Date: 02/04/2004 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| 1) the propane tank requires a permit | | | |

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

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO