389 Congress Street, 04101 T Location of Construction: 28 Willow Ln Business Name: Lessee/Buyer's Name	Owner Name: Thibodeau Lau Contractor Nam		2017 011 0110	Owne	r Address:					
Business Name:	Contractor Nan	ıra D			Owner Address:		Phone:			
		ıra D		28 Willow Ln						
Lessee/Buyer's Name		Contractor Name:			Contractor Address:			Phone		
Lessee/Buyer's Name		Frost N Flame/Eastern Shed Co		629 Main St. Gorham				207856700	1	
	Phone:	Phone:		Permit Type: HVAC					Zone:	
Past Use: Proposed Use:						Cost of Wo	Work: CEO District:			
Single Family Dwelling Install a gas fivent.		replace with a direct		\$50.00   FIRE DEPT:		\$2,4	400.00 3			
						Approved		NSPECTION:		
						Denied	Use Gro	up:	Type	
Proposed Project Description:										
Install a gas fireplace with a dire	ect vent.			Signature:		Signature:				
				PEDESTRIAN ACTIVITIES DISTRICT			TRICT (P	( <b>P.A.D.</b> )		
				Actio	on Approx	ved App	proved w/	Condition	Denied	
				Signature:				Date:		
Permit Taken By:	Date Applied For:			Zoning Approval						
jmy	11/12/2009									
This permit application does not preclude the		Special Zone or Reviews		ews	Zoning Appeal			Historic Preservation		
Applicant(s) from meeting Federal Rules.	applicable State and	Shoreland		☐ Variance		☐ Not in District or Landn				
2. Building permits do not include plumbing, septic or electrical work.		☐ 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 inva- permit and stop all work	lidate a building	Subdivision			☐ Interpretatio			Approved		
		Site Plan			Approved		Approved w/Condition			
			Mino MM		Denied		☐ Denied			
					Date:			Date:		
I hereby certify that I am the own I have been authorized by the own jurisdiction. In addition, if a pern shall have the authority to enter to such permit.	vner to make this appli mit for work described	med pro cation a	as his authorized application is iss	ne prop l agent sued, I	t and I agree t certify that th	o conform to ne code office	o all app cial's aut	olicable laws of horized repres	of this sentative	
SIGNATURE OF APPLICAN			ADDRESS	S		DATE	E	P	НО	

Location of Construction:	Owner Name:			Owner Address:			
28 Willow Ln	Thibodeau Laura D		28 Willow Ln				
Business Name:	Contractor Name:			Contractor Address:			
	Frost N Flame/Eastern	Shed Co	629 Main St. Gorham	2078567000			
Lessee/Buyer's Name	Phone:		Permit Type:		Zone:		
		]	HVAC				
Dents Zoning Status	: Approved with Conditio	na Daviovani	Marge Schmuckal	Approval Da	to. 11/1	17/2009	
_	Approved with Conditio	iis Reviewer:	Marge Schilluckar	Approvai Da			
Note:					Ok to Issue		
This is NOT an approval for a limited to items such as stove			•		including, bu	ıt not	
2) This property shall remain a s approval.	ingle family dwelling. Any	change of use sh	all require a separate perr	nit application f	or review and	d	
Dept: Building Status	: Pending	Reviewer:	Tom Markley	Approval Da	te:		
Note:					Ok to Issue	: 🗆	
		CERTIFICATIO	N				
Though could dist a						1 1	
I hereby certify that I am the owner I have been authorized by the own jurisdiction. In addition, if a permishall have the authority to enter all to such permit.	er to make this application a it for work described in the	as his authorized application is iss	agent and I agree to con- ued, I certify that the cod-	form to all appli e official's autho	cable laws o orized repres	f this entative	
to such permit.							
SIGNATURE OF APPLICAN		ADDRESS		DATE	PH	IO	
DIGITATURE OF AFFEICAN		ADDRESS		DILL	rn	.0	