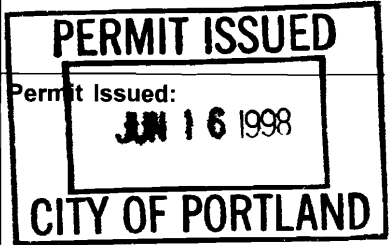


Permit No: 980624

Location of Construction: 126 Bancroft Rd		Owner: Lussier, Thomas		Phone: 761-3971	
Owner Address: SAA Ptld, ME <del>XXXX</del> 04102		Lessee/Buyer's Name:		Phone:	
Contractor Name: Avery Services		Address: 7 Thomas Dr Westbrook, ME		Phone: 04092 772-8687	
Past Use:  1-fam		Proposed Use:		<b>COST OF WORK:</b> \$ 4,885.00 <b>PERMIT FEE:</b> \$ 45.00	
Proposed Project Description:  Install Central Air Conditioning		<b>FIRE DEPT.</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>INSPECTION:</b> Use Group <i>A3</i> Type <i>53</i> <i>00089676</i>	
		Signature:		Signature:	
		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: _____ Date: _____	
Permit Taken By: VD		Date Applied For: 10 June 1998			



Zone: CBL: 193-E-024

Zoning Approval: *[Signature]*

Special Zone of Reviews

Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**

Approved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

PERMIT ISSUED WITH REQUIREMENTS

**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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: 11 June 1998 PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

CEO DISTRICT 4