•	,	<b>Building or Use Pe</b> Tel: (207) 874-8703,			Р	ermit No: 05-1294	Issue Dat	e:	CBL: 371 A04	-5001
Location of Constru 25 BALLPARK DE		Owner Name: Doris Orlando			er Address: Regan Ln			Phone:		
Business Name:					Contractor Address: 165 Mosher Rd Gorham			<b>Phone</b> 2072334783		
Lessee/Buyer's Name Phone:				<b>Permit Type:</b> Foundation Only/Residential		1		Zone:		
Past Use:     Proposed Use:       Vacant Land     Foundation ON family home		ILY for a	a Single	Permit Fee:     Cost of Wo       FIRE DEPT:     Approved       Denied		\$0.00 inspe	CEO District:       5       PECTION:       Group:     Type			
<b>Proposed Project Description:</b> Foundation ONLY for a Single family home				Signature: PEDESTRIAN ACTIVITIES DIST Action Approved Appr Signature:		<b>FRICT</b> (				
Permit Taken By: mjn	Taken By:     Date Applied For:       09/08/2005				Zoning Approval					
Applicant(s) f	<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> </ol>		Special Zone or Reviews		Zoning Appeal			Historic Preservation		
2. Building permits do not include plumbing, septic or electrical work.			U Wetland		Miscellaneous			Does Not Require Revie		
<ol> <li>Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work</li> </ol>			Flood Zon Subdivision			Conditional Us			<ul> <li>Requires Review</li> <li>Approved</li> </ul>	
			Site Plan		Approved			Approved w/Condition		
			Maj 🗌	] Mino 🗌 MM		Denied			Denied	
			Date:			Date:		E	Date:	

## 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	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

		Owner Name: Doris Orlando		Owner Address: 116 Regan Ln		Phone:	
Business Name:		Contractor Name: Floyd Brown Construction		Contractor Address: 165 Mosher Rd Gorham		<b>Phone</b> 2072334783	
Lessee/Buyer's Name		Phone:		<b>Permit Type:</b> Foundation Only/Reside	ential		Zone:
Dept:       Zoning       Status:       Approved       Reviewer:       Mike Nugent       Approval Date:       09/08/2005         Note:       000000000000000000000000000000000000							
Dept: Building Note:	Status: P	ending	Reviewer	:	Approval Dat	e: Ok to Issu	e: 🗆

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