



<b>Location of Construction:</b> 14 Basket Ln	<b>Owner Name:</b> Blackmer Minott P &	<b>Owner Address:</b> 50 Alpine Rd	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Gobeil P & A Mechanical Co. Inc.	<b>Contractor Address:</b> 199 Cleaves Street Biddeford	<b>Phone</b> 2072293665
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> HVAC	<b>Zone:</b>

<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Jeanine Bourke	<b>Approval Date:</b> 12/21/2007
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved	<b>Reviewer:</b> Jeanine Bourke	<b>Approval Date:</b> 12/21/2007
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>

### 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.

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SIGNATURE OF APPLICAN

ADDRESS

DATE

PHO

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO