



Permitting and Inspections Department
Michael A. Russell, MS, Director

General Building Permit Application

Project Address: 58 WENDY WAY

Tax Assessor's CBL: _____ Cost of Work: \$ 24,000

Proposed use (e.g., single-family, retail, restaurant, etc.): SINGLE FAMILY

Current use: SINGLE FAMILY Past use, if currently vacant: _____

- Commercial
- Multi-Family Residential
- One/Two Family Residential

Type of work (check all that apply):

<input type="checkbox"/> New Structure	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Change of Ownership - Condo Conversion
<input type="checkbox"/> Addition	<input type="checkbox"/> Fence	<input type="checkbox"/> Change of Use
<input type="checkbox"/> Alteration	<input type="checkbox"/> Pool - Above Ground	<input type="checkbox"/> Change of Use - Home Occupation
<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Pool - In Ground	<input type="checkbox"/> Radio/Telecommunications Equipment
<input type="checkbox"/> Shed	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Radio/Telecommunications Tower
<input type="checkbox"/> Demolition - Structure	<input type="checkbox"/> Replacement Windows	<input type="checkbox"/> Tent/Stage
<input type="checkbox"/> Demolition - Interior	<input type="checkbox"/> Commercial Hood System	<input type="checkbox"/> Wind Tower
<input type="checkbox"/> Garage - Attached	<input type="checkbox"/> Tank Installation/Replacement	<input type="checkbox"/> Solar Energy Installation
<input type="checkbox"/> Garage - Detached	<input type="checkbox"/> Tank Removal	<input type="checkbox"/> Site Alteration

Project description/scope of work (attach additional pages if needed):

INSTALL KIDNEY-SHAPED FIBERGLASS POOL IN MY BACKYARD
15'x 29'

Applicant Name: MELISSA PROCIDA Phone: (207) 450-5842

Address: 58 WENDY WAY Email: MELISSA PROCIDA@GMAIL.COM

Lessee/Owner Name (if different): _____ Phone: (____) _____ - _____

Address: _____ Email: _____

Contractor Name (if different): JOHN RAC Phone: (____) 577-3589

Address: 527 RT. 202 GREENE, ME 04236 Email: FUTUREPOOLANDSPA@AOL.COM

I hereby certify that I am the owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature: [Signature] Date: 3/8/2017

Review of this application will not begin until the permit payment is received. This is not a permit. Work may not commence until the permit is issued.