

General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property

within the City, payment arrangements must be made before permits of any kind are accepted.

Address/Location of Construction:	7 TAMPA ST	
Total Square Footage of Proposed Struc		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant Name: Terry Keezer Address THE WAY City, State & Zip	Telephone:
Elana 3189898	CAPE STRABETY ME OYE	Email: TVK CONSTRUCTED 1 407 MAJC, COM
Elana 318 9898 Lessee/Owner Name: Chrisc (if different than applicant) Address: City, State & Zip: Telephone	Contractor Name: (if different from Applicant) Address: City, State & Zip: Telephone	Cost of Work: \$ 20,000, 45 C of O Fee: \$ Historic Rev \$
E-mail:	E-mail:	Total Fees: \$
	STNGE EAMELY	
Proposed Specific use: Is property part of a subdivision? If yes, 1 Project description:	athroom	
Who should we contact when the permit is re	eady: Terry Keezer	
Address: $S = I \perp L \subset \omega / \gamma$		
City, State & Zip: CAPE ELTZ	ABLAY ME OY)	167
E-mail Address: TVK CONST	RUCTEONE HOTMATL.	com
Telephone: 257-1375		
Please submit all of the information causes a In order to be sure the City fully understands information prior to the issuance of a permit applications visit the Department of Permittin room 315 City Hall or call 874-8703.	an automatic permit denial. the full scope of the project, the Department. The further information or to download.	nent may request additional and copies of this form and other
I hereby certify that I am the Owner of reco proposed work and that I have been authorized to conform to all applicable laws of this juis issued, I certify that the Code Official's aut this permit at any reasonable hour to enforce the	I by the owner to make this application as harisdiction. In addition, if a permit for whorized representative shall have the authorized representative shall have the application as had a shall have the application as had a shall have the authorized representative shall have the auth	nis/her authorized agent. I agree ork described in this application or ty to enter all areas covered by
Signature: Very Con	Date: 9/	24/16