

Location of Construction: 28 North Street 04101		Owner: Alfred T. Fuller		Phone:		Permit No: 990533	
Owner Address: 28 North Street 04101		Leasee Buyer's Name: John D. Carolan		Phone: 774-1701		Business Name:	
Contractor Name:		Address:		Phone:			
Past Use: 2-Family		Proposed Use: 3-Family		COST OF WORK: \$		PERMIT FEE: \$ 25.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description: Home used as two-family a permit was never obtained for a 3 family. Proposed Purchaser to use as three unit (New Neighbors).				Signature: <i>HMM</i>		Signature:	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Action: Approved <input type="checkbox"/>		Zoning Approval: <i>OK 5/24/99</i>	
				Approved with Conditions: <input type="checkbox"/>		Special Zone or Reviews <i>N/A</i>	
				Denied <input type="checkbox"/>		<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: SP		Date Applied For: 5-19-99					

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

Mail to: Eleanor Carolan
253 Main Street
Yarmouth, ME 04096

CERTIFICATION

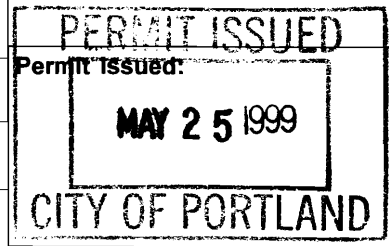
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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

5-20-99

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector



Zone: *R-E* CBL: 013-K-052
 Zoning Approval: *OK 5/24/99*
 Special Zone or Reviews *N/A*

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Appoved
 Appoved with Conditions
 Denied

Date: *[Signature]*

CEO DISTRICT 1