•	,	e - Building or Use			Permit No:	Issue Date:	CBL:	
\mathcal{C}	,	Tel: (207) 874-8703	, Fax: (207) 874-8	716	2014-02387		016 H003001	
Location of Construction: 52 MONUMENT ST		JOANNE & D	BALZANO-LARUSSO JOANNE & DIANNE		Owner Address: 1202 S MONROE ST ARLINGTON, VA 22204		Phone: ON,	
Business Name:		CAVANALIC	п					
Lessee/Buyer's I	Name	Phone:	Phone:		it Type:	Zone:		
					e Suppression W	R6		
Past Use:		Proposed Use:			Permit Fee: Cost of Work:		CEO District:	
Three Family	Home	Three Family	Three Family Home		\$113.00 ECTION:	00.00 1		
Proposed Projec	et Description:							
install a Wate	er-Based Fire Su	ppression System.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.				
				Action: Approved Approved Approved		oved Approv	ed w/Conditions Denied	
				S	ignature:		Date:	
Permit Taken By: dmc Date Applied For: 10/14/2014				Zoning Approval				
This permit application does not preclude the			Special Zone or Reviews		Zoni	ing Appeal	Historic Preservation	
	nt(s) from meetin	ng applicable State and	Shoreland		☐ Variano	ce	Not in District or Landmar	
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscell	aneous	Does Not Require Review	
within si	x (6) months of	d if work is not started the date of issuance. avalidate a building	☐ Flood Zone		Conditi	onal Use	Requires Review	
	nd stop all work.		Subdivision		Interpre	etation	Approved	
			Site Plan		Approv	red	Approved w/Conditions	
			Maj Minor MM		Denied		☐ Denied	
			Date:		Date:		Date:	
			CERTIFICA	TION	N			
I have been a jurisdiction.	nthorized by the in addition, if a p	owner to make this applermit for work describe	amed property, or the lication as his authored in the application	at the ized a	proposed work agent and I agree aed, I certify tha	e to conform to t the code offic	y the owner of record and that all applicable laws of this ial's authorized representative on of the code(s) applicable to	
SIGNATURE O	F APPLICANT		ADDRESS			DATE	PHONE	
RESPONSIBLE	PERSON IN CHAF	RGE OF WORK, TITLE				DATE	PHONE	