| Location of Construction: Owner: | | | Phone: | | | | Permit No: | | | |
|--|---|---------------------|--------------------------------|--------------|-----------|-----------------------------|------------------------------|---|---------------|--|
| Owner Address: | Lessee/Buyer's Name: | . - | Phone: Busi | | ısinessl | sinessName: | | 0014 | 8 | |
| ontractor Name: Address: | | | | Phone: | e: | | Permit Issued; | | | |
| () | 11001000 | | | I moner | | | M | NR I | * E | |
| Past Use: | Proposed Use: | CC | COST OF WORK: | | | PERMIT FEE: | 7 | | * | |
| 688 S. S. S. | | | \$ | | | \$ • • | | | | |
| | • | | FIRE DEPT. ☐ Approved ☐ Denied | | | INSPECTION: | . | | | |
| | | | | | | Use Group: A-3Type: 3/3 | Zone: | CBL: | | |
| | | Sie | nature: | ~(A') | | Signature: The Rec | | · | : | |
| Proposed Project Description: | | | | | 7 | S DISTRICT (F.A.D.) | Zoning | Approval: | | |
| | | | Action: Approved | | | | | cial Zone or | r Reviews: | |
| | | | Approved with Conditions: | | | | Special Zone or Reviews: | | | |
| | , | Denied | | | | | | | | |
| | DATES BOOK | 12 74 Sic | nature: | | | Date: | | d Zone division | | |
| Permit Taken By: | DATES: 3/8,9,10,11, Date Applied For: | 12 Inte | Signature. Date. | | | Date. | ☐ Site Plan maj ☐minor ☐mm ☐ | | | |
| Termit ration by: | Suite 11ppined 1 sit | ha i, | * - L3 | . i | | | - | | | |
| 1 This normit application does not pro- | slude the Applicant(s) from meeting applicab | ale State and | l Endarol | miles | | | □ Vari | Zoning Ap | opeal | |
| 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. | | | | | | | | ☐ Miscellaneous | | |
| 2. Building permits do not include plumbing, septic or electrical work. | | | | | | | □ Conditional Use | | | |
| 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa- | | | | | | | | ☐ Interpretation ☐ Approved | | |
| tion may invalidate a building permit and stop all work | | | | | | | | □ Denied | | |
| | | State of the second | . " | | | to the factor | | | | |
| ۰۸. | | | | | | | H | istoric Pres | | |
| CERTIFICATION PERMIT ISSUED PERMIT | | | | | | | | ☐ Not in District or Landmark ☐ Does Not Require Review | | |
| | | | | | | | | ☐ Requires Review | | |
| | | | | | | | | Action: | | |
| | | | | | | | | | | |
| | | | | | | | | □Appoved | | |
| · · · · · · · · · · · · · · · · · · · | ord of the named property, or that the propos | | | d by the own | ner of re | ecord and that I have been | | roved with C | Conditions | |
| | olication as his authorized agent and I agree ication is issued, I certify that the code offici | | | | | | | ieu | | |
| | onable hour to enforce the provisions of the | | | | | e the authority to enter an | Date: _ | | | |
| areas covered by such permit at any reas | onable near to emoree the provisions of the | cour(o) upp | | o such perm | | | | | | |
| | | | | | • | | | . 1 | (S) | |
| SIGNATURE OF APPLICANT | ADDRESS: | | DATE: | | | PHONE: | - | 17 ISSI | DENTS | |
| | | | | | | · - · - · | 20 | ENILL INE | JED EMENTS | |
| DECDONCIDI E DEDCON IN CHARCE | DE WORK TITLE | | | | | DHONE | - | HREUS | ÷ | |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: | | | | | | | | ISTRICT | | |
| 1 | White-Permit Desk Green-Assessor's | Canary-D. | P.W. Pi | nk-Public F | File Iv | ory Card-Inspector | | | | |