

Location of Construction: (47)47 India St		Owner: India & Middle, LLC		Phone:		Permit No <b>970265</b>	
Owner Address:		Lessee/Buyer's Name: The Grande Pastry Shop 47 India St Ptd, ME 04101		Phone:		Business Name:	
Contractor Name:		Address:		Phone: 781-3971		Permit Issued: MAR 31 1997	
Past Use:  Salon		Proposed Use:  Bakery / retail sales		COST OF WORK: \$		PERMIT FEE: \$ 25.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type: 000296	
				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
Proposed Project Description:  Change Use				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____			
Permit Taken By:  Mary Gresik		Date Applied For:  26 March 1997					

Zone: **B-2** CBL: 020-E-026  
 Zoning Approval: *separate permit req. for signage*  
 Special Zone or Reviews:  
 Shoreland  
 Wetland *3/28/97*  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm

**Zoning Appeal**  
 Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

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

**Action:**  
 Approved  
 Approved with Conditions  
 Denied  
 Date: *3/27/97*

*[Signature]*  
 CEO DISTRICT  **1**  
*M. Wings*

**PERMIT ISSUED WITH REQUIREMENTS**

**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

SIGNATURE OF APPLICANT *Christopher Shike* ADDRESS: \_\_\_\_\_ DATE: 26 March 1997 PHONE: \_\_\_\_\_  
 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE *Christopher S. Shike* PHONE: \_\_\_\_\_