Location of Construction: Owner:				Phone:	Permit No:	
24 Hampshire St.	Donna L. Scott)	L	[₹] 774 – 7588 _?		
Owner Address:	Lessee/Buyer's Name:	Phone		Busines	sName:	
56 Bolton St.	same as above		•		1	
Contractor Name:	Address:		Phone:		and the second	Permit Issued:
N/A		COST OF	WODK		DEDAGE DED	_
Past Use:	Proposed Use: home occupation/security company	COST OF WORK:			PERMIT FEE: \$ 30,	
						4
		FIRE DEPT. □ Appro □ Denied			INSPECTION:	8 (7 6
				nied	Use Group: Type:	Zandi CPI
		G:			BOC 499 100	Zong: CBL: 028-0-008
Proposed Project Description:		Signature:	TAN AC	TIME	Signature: "X	Zoning Approval:
1 toposou i roject Description.	PEDESTRIAN ACTIVITIES DISTRICT (A)A.D.)					
	Action: Approved				Special Zone of Keviews.	
home occupation, security company						☐ Shoreland
			D	-111CU	L	☐ Wetland ☐ Flood Zone
		Signature:			Date:	□ Subdivision
Permit Taken By: GD	Date Applied For:					☐ Site Plan maj □minor □mm
Terrine taken by. GD	Bute Applied 1 of.	May 30,200	00		JF	
						Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.						☐ Variance ☐ 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
tion may invalidate a building permit and stop all work						□Approved
,	•					□ Denied
						Historic Preservation
P/U call 774-7588 Donna PERMITISSUED PERMITISSUED WITH REQUIREMENT						Not in District or Landmark
						Does Not Require Review
					OFRIMINITIRE INTO	☐ Requires Review
					LA REGO	
M_{IL}						Action:
CERTIFICATION						□ Appoved
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,						`
	ication is issued, I certify that the code official's a					11
	onable hour to enforce the provisions of the code				and manifest to office to	Date:
The second of th			P			
		May 30	2000			\$ 50
CICNIATUDE OF ADDITION OF	ADDRESS:	DATE:			PHONE:	PERMIT ISSUED PERMIT ISSUED WITH REQUIREMENT CEO DISTRICT 1
SIGNATURE OF APPLICANT	ADDKESS:	DATE			FITONE:	DERMIT ISSUED
						TI DE ON REMAN
RESPONSIBLE PERSON IN CHARGE (OF WORK, TITLE				PHONE:	CEO DISTRICT 1