

Location of Construction: 100 Middle Street		Owner: Middle Street Management	Phone: 780-1680	Permit No: 001434
Owner Address:	Lessee/Buyer's Name: Salmon Salmon Smith Barney	Phone:	BusinessName:	
Contractor Name:	Address:	Phone:		Permit Issued:
Past Use: Commercial	Proposed Use: Commercial	COST OF WORK: \$ 77,000.00	PERMIT FEE: \$ 444.00	
Proposed Project Description: Renovations of 1400 ft on third floor for general office use		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 1B Signature: <i>[Signature]</i>	Zone: B-3 CBL: 029-E-006 Zoning Approval:
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		
Permit Taken By: Gayle	Date Applied For: December 14, 2000	Signature: _____ Date: _____		Special Zone or Reviews: <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"/>

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..

*** ~~Call~~ Alliance

*** Call Alliance Construction @ 885-8055

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

December 14, 2000

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

**PERMIT ISSUED
WITH REQUIREMENTS**

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action: *Any Extension work requires a separate review*

Approved
 Approved with Conditions
 Denied

Date: _____

**PERMIT ISSUED
WITH REQUIREMENTS**

CEO DISTRICT

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