

Location of Construction: (27) 29-35 Commercial St/Gault Blcok		Owner: Auto Europe		Phone:	Permit No: 970229
Owner Address:		Lessee/Buyer's Name: Auto Europe		Phone:	BusinessName:
Contractor Name: Connolly & Co.		Address: P.O. Box 8463 Ptlid, ME 04104		Phone: 688-4223	
Past Use: Office		Proposed Use: Same		COST OF WORK: \$ 50,000.00	
				PERMIT FEE: \$ 270.00	
Proposed Project Description: Interior Renovations 1st fl/Bay A & B		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type: B3	
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.P.)		Zone: 2 CBL: 029-P-027	
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>Condition</i> <i>sep. permit req. for</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <i>Signage</i> <input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Flood Zone <i>3/19/97</i> <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: Mary Gresik		Date Applied For: 14 March 1997			

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

Separate review

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: Robert Connolly ADDRESS: P.O. Box 8463 Portland 04104 DATE: 14 March 1997 PHONE: _____
 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: Robert Connolly Owner PHONE: 688-4223

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: 3/19/97

[Signature]

CEO DISTRICT 1