

Location of Construction:		Owner:		Pho	one: *774355)	Permit No:			
Owner Address:	Lessee/E	Buyer's Name:	Phone:	Bu	sinessName:	990860			
Contractor Name:	Address	Address:		Phone:	4	Permit Issued:			
Past Use:	Proposed	d Use:	COST OF WORK:		PERMIT FEE: \$ 26.76	AUG 1 3 1999			
रक्रद राज्ञ अधार ह	27-D e r	tene		T. Appro Denied	Use Group: Type:	Zone: CBL:	ND		
			Signature:		BOCA 96 Signature: Alber	03/2-13	-(15		
Proposed Project Description:					TITIES DISTRICT (P.A.D.)	Zoning Approval:			
This cancers the bunder of ga		Action:	Action: Approved Approved with Conditions: Denied		Special Zone or Reviews: ☐ Shoreland ☐ Wetland ☐ Flood Zone		i:		
			Signature:		Date:	□Subdivision			
Permit Taken By:		Date Applied For:	11/29			☐ Site Plan maj ☐minor ☐mm ☐		m 🗆	
 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 							☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied		
PERMIT ISSUED WITH DECHIDEMENTS						Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review			
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						☐ Appoved ☐ Approved with Conditions ☐ Denied Date:			
areas covered by such permit at any reasona	ole nour to enfo	ice the provisions of the cod	ie(s) applicable	o such permi	ι				
P/1:/91									
SIGNATURE OF APPLICANT		ADDRESS:	DATE:		PHONE:				
RESPONSIBLE PERSON IN CHARGE OF	WORK, TITLE				PHONE:	CEO DISTRICT	ï		
AA/L:	4- D!4 DI		D DW D		the transfer of the second			1	

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector