Location of Construction: Owner:		Phone:			Permit No:
29 Exchange Street	Joseph E. Casale	. Ruth S. Baker			980366
Owner Address:	Lessee/Buyer's Name:	Phone:	Busines	sName:	
	Hwa Sun Pae/Fuji Rest.	772-0006	772-0006		DEPT. OF BUILDING INSPECTION
Contractor Name:	Address:	Phone	:		Permit issued Pricate, Mis
Scott Dobson		878	-0008	PERMIT FEE:	Am :
Past Use:	Proposed Use:	COST OF WORK			MFR 1 5 1998
				\$220.00	
Restaurant	_	FIRE DEPT. ☑ Approved ☐ Denied		INSPECTION: Use Group A Type: 32	E E E H M F
	Same				
				1000095,1 NV	Zone: CBL:
			HMM	Signature: Hoffsen	
Proposed Project Description:	PEDESTRIAN ACTIVITIES DISTRICT (PAID.)			Zoning Approval	
Interior Done or man along		Action: Approved		<i>VU</i> \Box	Special Zone or Reviews
Interior Reno as per plans	Approved with Conditions: Denied			□ Shoreland // ——————————————————————————————————	
• *			Denied		□ Wetland OF 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				_	□ Flood Zone
		Signature: Date:		Date:	☐ Subdivision
Permit Taken By:	Date Applied For:				☐ Site Plan maj □minor□mm □
Vicki Dover April 10, 1998					Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.					□ Variance
2. Building permits do not include plumbing, septic or electrical work.					□ Miscellaneous
					□ Conditional Use
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					□Interpretation
					☐ Approved☐ Denied
					La Dellied
Call 772-0006/Hwa Sun Pae :	for P/II				Historic Preservation
or					□ Not in District or Landmark
775–1165		PERMIT ISSUED			☑ Does Not Require Review
		WITH REQUIREMENTS			□Requires Review
					Action: Lat. Reno only
					Additional figure of the state
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					
	ation as his authorized agent and I agree to o				
	tion is issued, I certify that the code official'			ve the authority to enter all	Date:
areas covered by such permit at any reasona	able hour to enforce the provisions of the co	de(s) applicable to such p	permit		Date.
•					
1. Thata S	Las				
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	-
Hwa Su	ın Pae				
PEGDONGINI E DEDGON IN GIVE DOS OS	WORK TITLE			THE STATE OF THE S	
RESPONSIBLE PERSON IN CHARGE OF	WORK, TITLE			PHONE:	CEO DISTRICT 7