Location of Construction:	Owner:	, r	Phone:		Permit No:9 9 0 26 5	
Owner Address:	Lessee/Buyer's Name:	Phone:	Busines		PERMIT ISSUED	
Contractor Name:	Address:		9 213/11/m		Permit Issued: 1999	
Past Use:	Proposed Use:	COST OF WOR	RK:	PERMIT FEE: \$ 55.00		
Wifige.	Cartin	FIRE DEPT.		INSPECTION:	Zone: CBL:(/3) - (/c)	
		Signature:	Denied	Use Group: 5 Type:		
Proposed Project Description:		PEDESTRIAN A		ES DISTRICT (P.A.D.)	Zoning Approval:	
laterier barevettet.		Action:	Approved value of the	with Conditions:	Special Zone or Reviews: Shoreland Wetland Flood Zone	
Paracia Talana Para	D-4- A-1'-1 F-1	Signature:		Date:	☐ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐	
Permit Taken By:	Date Applied For:	Note: 5, 1999			Zoning Appeal	
 This permit application does not preclude the Building permits do not include plumbing, s Building permits are void if work is not start tion may invalidate a building permit and st 	septic or electrical work. ed within six (6) months of the date				☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied	
. ats in p/ u 36/ ~ 577			W	PERMIT ISSUED TH REQUIREMENTS	Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review	
	CERTIFICATION	N			Action:	
I hereby certify that I am the owner of record of the authorized by the owner to make this application if a permit for work described in the application is	he named property, or that the propon as his authorized agent and I agree	sed work is authorized by to conform to all applicab	ole laws of th	nis jurisdiction. In addition	n	
areas covered by such permit at any reasonable h				the me damonty to enter a	Date:	
			5. 4			
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	-	
RESPONSIBLE PERSON IN CHARGE OF WOI	RK, TITLE			PHONE:	CEO DISTRICT	
White-F	Permit Desk Green-Assessor's	Canary-D.P.W. Pink-P	ublic File			

COMMENTS

			
4/6/99	Met of Dick mille	n rei pru-con. OK. AR	
6/11/99	Carolitade No	esso, needed allowe	
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		Inspection Record	
		Туре	Da
		Foundation:	
		Framing:	
		Plumbing:	
		Final:	

Other: _____