| • | <i>'</i> | Building or Use Pe Tel: (207) 874-8703, | | | Pe | rmit No: 05-1583 | Issue Dat | e: | CBL: 032 R00 | 4001 |
|---|---|---|--|--|---|--|--------------------------------|--|----------------------------------|-------------------|
| ` | of Construction: | Owner Name: FORE & WHA | | | | er Address: EBBER WAY | | | Phone: | |
| | | | Contractor Name: | | Contractor Address: 93 Mountfort Rd. No. Yarmouth | | | Phone 2078071050 | | |
| Lessee/Buyer's Name Phone: | | Phone: | Permit Type Alterations | | | Type: tions - Commercial | | 1 | Zone: | |
| Past Use: Commercial -part of "Salsa" restaurant | | | Proposed Use: Commercial/ Restaurant Tenant Fit- up - now Thai Garden restaurant | | | Permit Fee: Cost of Wo \$66.00 \$5,0 FIRE DEPT: Approved Denied | | 000.00 1 INSPECTION: | | Type |
| _ | Project Description: nt Tenant Fit-up | | | | Signa PEDE Actio | STRIAN ACTI | VITIES DIST | | (P.A.D.) | Denied |
| | | | | | Signa | nture: | _ | | Date: | |
| Permit Ta ldobson | ermit Taken By: dobson Date Applied For: 10/26/2005 | | | | Zoning Approval | | | 1 | | |
| App | This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. | | Special Zone or Reviews Shoreland | | Zoning Appeal Variance | | | Historic Preservation Not in District or Land | | |
| 2. Buile | Building permits do not include plumbing, septic or electrical work. | | ☐ Wetland | | Miscellaneous | | | ☐ Does Not Require Revie | | |
| 3. Build with | · | | ☐ Flood Zon | | | Conditional Us | | | Requires Review | |
| | | | Subdivision | | | ☐ Interpretatio | | | Approved | |
| | | | ☐ Si | te Plan | | Approve | ed | | Approved w | /Condition |
| | | | Maj [| Mino MM | | ☐ Denied | | | Denied | |
| | | | Date: | | | Date: | | Ε | Date: | |
| I have bee | en authorized by the o on. In addition, if a pe the authority to enter | wner of record of the na wner to make this appli rmit for work described r all areas covered by su | med procation a | as his authorized application is is | ne pro d agen sued, l | t and I agree to certify that the | o conform to ne code office | to all ap | pplicable laws outhorized repres | of this sentative |
| SIGNATU | TRE OF APPLICAN | | | ADDRES | S | | DATE | E | P | НО |

| Location of Construction: 434 FORE ST | Owner Name: FORE & WHARF LLC | 1 | Owner Address: 6 WEBBER WAY | | Phone: | |
|---|---|-----------------|---------------------------------------|---|--|------------------|
| Business Name: | Contractor Name: | (| Contractor Address: | | Phone | |
| | Drew Leslie | | 93 Mountfort Rd. No. Y | armouth | 2078071050 | |
| .essee/Buyer's Name | Phone: | F | Permit Type: Alterations - Commercial | | Zo | ne: |
| Dept: Zoning Stat Note: this is a new steak house | us: Approved with Conditions | Reviewer: | Marge Schmuckal | Approval Date | e: 11/04/2 Ok to Issue: | |
| District. | s a separate review and approval | infu Historic P | reservation. This proper | ty is located with | in a Historic | |
| 2) Separate permits shall be rec | quired for any new signage. | | | | | |
| | quired for any new signage. d in or blocked. This property is | located within | a Pedestrian Activities | District. | | |
| 3) No windows are to be close | | | | | efore starting t | hat |
| 3) No windows are to be closed 4) This permit is being approvious. | d in or blocked. This property is | | tions shall require a sep- | | | |
| 3) No windows are to be closed 4) This permit is being approvious work. Dept: Building Stat | d in or blocked. This property is red on the basis of plans submitted | ed. Any devia | tions shall require a sep- | arate approval be | e: 11/14/2 | |
| 3) No windows are to be closed 4) This permit is being approviously. Dept: Building State Note: | d in or blocked. This property is red on the basis of plans submitted | Reviewer: | tions shall require a sepa | Approval Date | e: 11/14/2 Ok to Issue: | 2005 |
| 3) No windows are to be closed. This permit is being approviately work. Dept: Building Stat Note: 1) This permit does not include. | d in or blocked. This property is red on the basis of plans submitted us: Approved with Conditions | Reviewer: | Mike Nugent ary this work will requir | Approval Date | e: 11/14/2 Ok to Issue: ts. | 2005 V |
| 3) No windows are to be closed work. Dept: Building State Note: 1) This permit does not include Dept: Fire State | d in or blocked. This property is red on the basis of plans submitted us: Approved with Conditions any kitchen exhaust or HVAC versions. | Reviewer: | Mike Nugent ary this work will requir | Approval Date Approval Date Approval Date | e: 11/14/2 Ok to Issue: is. 11/10/2 | 2005 V |
| 3) No windows are to be closed to the permit is being approviously. Dept: Building Stat Note: 1) This permit does not include Dept: Fire Stat Note: | d in or blocked. This property is red on the basis of plans submitted us: Approved with Conditions any kitchen exhaust or HVAC us: Approved with Conditions | Reviewer: | Mike Nugent ary this work will requir | Approval Date Approval Date Approval Date | e: 11/14/2 Ok to Issue: is. 11/10/2 | 2005 |
| 3) No windows are to be closed 4) This permit is being approvious. Dept: Building Stat Note: 1) This permit does not include | d in or blocked. This property is red on the basis of plans submitted us: Approved with Conditions any kitchen exhaust or HVAC us: Approved with Conditions | Reviewer: | Mike Nugent ary this work will requir | Approval Date Approval Date Approval Date | e: 11/14/2 Ok to Issue: is. 11/10/2 | 2005 |

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 provision of the code(s) applicable to such permit.

| DEGRONGINI E DEDGON IN GUADGE OF WORK THE | | DATE | DILO |
|---|---------|------|------|
| | | | |
| SIGNATURE OF APPLICAN | ADDRESS | DATE | РНО |