

Location of Construction: 17 Hancock St.	Owner: *** Linda Taylor	Phone: ***761-9651
Owner Address: 17 Hancock St.	Lessee/Buyer's Name:	Phone:
Contractor Name: ALDI STORE	Address:	Phone:

Past Use:	Proposed Use:
Stable Family	Shop
COST OF WORK: \$5,050.00	COST OF WORK: \$5,050.00
PERMIT FEE: \$66.00	PERMIT FEE: \$66.00

FIRE DEPT. INSPECTION: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: \$66.00
Signature: [Signature]	Signature: [Signature]
Use Group: N, Type: 5B	Zone: CBL: 003-0-004

Proposed Project Description: make repairs to roof	Signature: [Signature]	Date: September 11, 2000
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	Signature: [Signature]	Date: September 11, 2000

Permit Taken By: GAYLE	Date Applied For: September 11, 2000
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Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.	2. Building permits do not include plumbing, septic or electrical work.	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.
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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: _____
ADDRESS: _____
DATE: _____
PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: _____
PHONE: _____

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

Permit No: 001027

Permit Issued: SEP 14 2000

Special Zone or Reviews:
 Zoning Approval
 Wetland
 Shoreland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

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: _____

Close file 10-14-05 RST

PERMIT ISSUED WITH REQUIREMENTS

PERMIT ISSUED WITH REQUIREMENTS

COMMENTS

3/21/05. Done.
A. King

Inspection Record

Type

Date

Foundation: _____

Framing: _____

Plumbing: _____

Final: _____

Other: _____
