389 Congress Street, 04101 Tel: (207) 874-870 Location of Construction: Dwner Name:		7,1 421 (207) 07 1 07 1		04-0975 Owner Address:		034 K001					
160 Preble St		Unique Prope	ties Llc			Box Two	JUL 2	. 0 2004	Phone:		
Business Name:		Contractor Name: Cold Bay Contracting Phone:				ractor Address:	(7) Th. (10) F. F.		Phone		
					39 Draper Way Atteboro \$5168847278						
					Permit Type: Zone:						
					Commercial				B-5		
Past Use:		Proposed Use:									
Commercial / Hollywood Video		Hollwood Video amendment to				\$30.00	, \$3	0.00	1		
		existing permit#040253 Relocation of entry and exit door due to			FIRE DEPT: INSPECTION:				- ? 0		
		Planning Dept		due to			Denied	Use Group:	m	Type: 1/3	
Proposed Project Description	n:				1				J. [)	
Ammendment to existing permit#040253 Relocation of entry and exi					Signa	ture:	un	Signature	lu	Klurd	
due to Planning Dept.				·		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
					Action: Approved Approved w/Conditions Denied					Denied	
Permit Taken By: Date Applied For:					Signature: Date:						
ldobson		1/2004		Zoning Approval							
This permit application does not preclude the state of the state			Special Zone or Revi		ews Zoning Appeal		H	Historie Preservation			
Applicant(s) from meeting applicable State and Federal Rules.			☐ Sh	oreland	,	Variance		Z.	Not in Dist	rict or Landma	
2. Building permits do not include plumbing, septic or electrical work.			Wetland CV CV		is Ly	Miscellaneous			Does Not Require Review		
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			Flood Zone		Con	Conditional Use			Requires Review		
									Approved		
			Sit	e Plan		Approved			Approved v	v/Conditions	
			Maj [Minor		Denied			Demed	\searrow	
			<i>U 6</i> 4 Date:	7/11/8/		Date [.]		Date:			
			1	1 10 20	1	Juic		Juic.			
hereby certify that I am have been authorized by arisdiction. In addition, hall have the authority to uch permit.	the owner to if a permit fo	make this appli r work described	med procation a	s his authorized application is is	ne prop l agen ssued,	t and I agree to I certify that th	conform to e code offi	o all applic cial's autho	able laws orized rep	s of this presentative	
SIGNATURE OF APPLICAN	Т			ADDRES	S		DATE		PH	ONE	

See penuts # . 01095 of 040253 for further information