

Location of Construction: *30 Mechanic St 2nd floor only		Owner: Robert & Susan Sylvain		Phone: 761-3931		Permit No: 981410
Owner Address: SAA Ptld 04101		Lessee/Buyer's Name:		Phone:		
Contractor Name:		Address:		Phone:		Zoning Approval: <i>Zon 150K</i> <i>OK with conditions 12/14/98</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <i>to remain</i> <input type="checkbox"/> Wetland <i>zoning - NO</i> <input type="checkbox"/> Flood Zone <i>sketches allowed</i> <input type="checkbox"/> Subdivision <i>sketches allowed</i> <input type="checkbox"/> Site Plan <i>major minor imm</i>
Past Use: 2-family		Proposed Use: Same		COST OF WORK: \$ 200		
Proposed Project Description: Opening part of two non-load bearing walls as per plans				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: _____ Date: _____
Permit Taken By: SP		Date Applied For: December 11, 1998				

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..

PERMIT ISSUED WITH REQUIREMENTS

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

December 11, 1998
SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

- 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: *[Signature]*

CEO DISTRICT 2
KC/TM