Location of Construction: Owner:		Phone:			Permit No:
593 Congress Owner Address:	Annamarie Trusiani Lessee/Buyer's Name:	Phone	781-44	494 ssName:	970162
4 Brown St., Falmouth Foreside		1	Dusines	ss) vanie.	COLUMN TORUED
4 Brown St., Falmouth Foreside Contractor Name: The Kitchen/Christos Zoulamis 775-0833 Address: Phone:					Permit Issued: ISSUED
Past Use:	Proposed Use:	COST OF WOL	RK:	PERMIT FEE;	
fast coc.	Hoposed Cae.	\$		\$30.20	MAR = 4 1997
Restaurant	Same w/signage	FIRE DEPT. Approved Use Group: Type Signature: Signature:			
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ZONE CBL.
				10011	B-3 37-E-2
Proposed Project Description:	PEDESTRIAN ACTIVITIES DISTRICT (PA.B.)		Zoning Approval: 3/3/97		
Erect signage as per attach	Action: Approved Approved with Conditions:			Special Zone or Reviews:	
(2 signs - 8' x 2'8" and	Denied)			☐ Wetland	
(2 Signs S in 2 S and i		(vec	below	1 0 0 0 0 0 0	Flood Zone
Permit Taken By:	Date Applied For:	Signature:	MON	hrsDate: 7/2011	☐ Site Plan maj □minor □mm □
Vicki Dover	2/26	/97			Zoning Appeal
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 					☐ Variance
2. Building permits do not include plumbing, septic or electrical work.					☐ Miscellaneous ☐ Conditional Use
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-					□ Interpretation
tion may invalidate a building permit and stop all work					☐ Approved ☐ Denied
					Historia Description
					Historic Preservation ☐ Not in District or Landmark
					Does Not Require Review
Call 775-0833 for P/U					Requires Review
					Action:
CERTIFICATION					MAppoved
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					
areas covered by such permit at any reasonable.				ve the authority to effect at	Date: 2/20/4/
(/ (-				EXI	while stry to be viva
Some Man					1) A die 13
SIGNATURE OF APPLICANT Greg Zoulam	ADDRESS:	DATE:		PHONE:	1) manus
					#5
RESPONSIBLE PERSON IN CHARGE OF WO	RK, TITLE			PHONE:	CEO DISTRICT
White-F	Permit Desk Green-Assessor's Cana	ry-D.P.W. Pink-P	ublic File	Ivory Card-Inspector	4.4071