	- Building or Use Permit Applicati		74101, Tel: (207)) 874-8703, FAX: 874-8716
200000000000000000000000000000000000000		Thome.		
2 Free St Owner Address:	Lessee/Buyer's Name:	Properties Co. Phone:	Designation	Permit Ney 0851
Owlief Address.	Ponctillio/Joseph Loggia			
Contractor Name: Unknown	Address:	Phone:		Permit Issued:
Past Use:	Proposed Use:	COST OF WORK	: PERMIT FEE:	— AUG 1 2 1999
		\$ 7.39 sq. f	ft. \$ 31.48	
Retail	Same	FIRE DEPT. Approved INSPECTION:		
		□ De		
			MOCA96 1011	Zone: CBL: 038-A-001
		Signature: Signature:		2 3º · / As
Proposed Project Description:		PEDESTRIAN ACTIVITIES DISTRICT (#A.D.)		Zoning Approval: 9/10/49
				□ Special Zone or Reviews:
Proposed Store Sign				□ □ Shoreland
_		D	enied	□ □ Wetland
		Cia and	5	☐ Flood Zone
Domnit Tokon Du	Data Applied Form	Signature:	Date:	□ Subdivision □ Site Plan maj □minor □mm □
Permit Taken By:	SP Date Applied For:	XXXX August 2,	1999	
				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance
 Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False informa- 				☐ Miscellaneous ☐ Conditional Use
				☐ Interpretation
tion may invalidate a building				□Approved
	•			□Denied
Call for Pickup 828-1450				Historia Processian
				Historic Preservation ☐ Not in District or Landmark
				☐ Does Not Require Review
				☐ Requires Review
		**************************************	117 1001150	Action
PERMIT ISSUED				Action:
CERTIFICATION WITH REQUIREMENTS				□ Appoved
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				een
				rall Date: 10 D. A 8/10#
areas covered by such permit at any	reasonable hour to enforce the provisions of the co	ode(s) applicable to such p	ermit	Date. 10 10 17 17
		August 2, 19		$ \rangle \rangle \langle $
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	- W. T 8/11/C
RESPONSIBLE PERSON IN CHAR	GE OF WORK, TITLE		PHONE:	
The state of the s				CEO DISTRICT
	White-Permit Desk Green-Assessor's Ca	anary-D.P.W. Pink-Pub	lic File Ivory Card-Inspector	