

Location of Construction: 10 Stratton Street		Owner: Kathleen Brown		Phone:		Permit No: 001138	
Owner Address: c/o Pam Baker RR1 Box 3910 LEeds Me 04263		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: *** Brad Baker Po box 226 Leeds,		Address: Maine 04263***		Phone: 524-3301		Permit Issued: UE	
Past Use: single family		Proposed Use: same		COST OF WORK: \$ 5,000		PERMIT FEE: \$ 54.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group R-3 Type 53 BOCA 99	
Proposed Project Description: replace back steps replacing side steps etc		Signature:		Signature: <i>[Signature]</i>		Zone: R-C CBL: 040 044-B-001	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>OK with conditions</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: K		Date Applied For: Oct 5 2000 K		Signature:		Date:	

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

Oct 5 2000

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:

Appoved
 Approved with Conditions
 Denied

Date: **TO D.A. 10/6/00**

PERMIT ISSUED WITH REQUIREMENTS

CEO DISTRICT

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