## 

Location of Construction:	Owner: Phone:			Permit No:			
	Carity'	- Ini	Phone: BusinessName:		000		
Owner Address:	Lessee/Buyer's Name:	Phone:		sName:	7707		
Contractor Name:	Address: 75 Eastern market tile,	Phone:			Permit shiped:		
Past Use: Proposed Use:		COST OF WORK: PERMIT FEE: \$ .3.44		1 7	JUL <b>7</b> 19	99	
`erai}	Same		A 1				
		FIRE DEPT. □	Approved Denied	Use Group: M Type:	THE BAD	FLAND	
				BOCT 90 -100	Zone CBL		
Drawaged Project Description:		Signature:		Signature:	Zoning Approval:		
Proposed Project Description:		PEDESTRIAN A		`////	Loring Approva.	* * *	
Elect 1 15" a 19" slam.	ì	Action: Approved (U)  Approved with Conditions:  Denied			Reviews:		
					☐ Flood Zone		
	D . A . E . I . I . I	Signature:		Date:	│ □ Subdivision │ □ Site Plan maj □	lminor 🗆 mm 🗆	
Permit Taken By:	Date Applied For:	e 99, 1999			Dotto Flati maj L		
				<del></del>	<mark>Zoning Ap □ Variance</mark>	peal	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.						☐ Variance ☐ Miscellaneous	
2. Building permits do not include plumbing, se	☐ Conditional Use ☐ Interpretation						
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-							
tion may invalidate a building permit and sto	-	Christina Sarte	to edition		☐ Approved☐ Denied		
		b heering Street			Historia Dres		
	Historic Preservation  ☐ Not in District or Landmark						
	□ Does Not Require Review						
PERMIT ISSU <b>ED</b> WITH REQUI <b>REMENTS</b>						☐ Requires Review	
			WIIT KE	QUIREMENIS	Action:		
	CERTIFICATION				□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						1	
authorized by the owner to make this application a	as his authorized agent and I agree to	conform to all applicable	e laws of th	is jurisdiction. In addition,	□ Denied		
if a permit for work described in the application is	•	=		ve the authority to enter all	Date:		
areas covered by such permit at any reasonable ho	our to enforce the provisions of the co	ode(s) applicable to such	permit				
		10					
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	-		
SIGNALUND OF AFFEICANT	ADDILLOG.	DINID.		THOME.			
DECDONICIDI E DEDCONI DI CHADCE OF WOR	V TITLE			DLIONE.	_  [	,	
RESPONSIBLE PERSON IN CHARGE OF WOR	N, IIILE			PHONE:	CEO DISTRICT		

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

COMMENTS						
7-6-99 - No sign in place yet IN						
7-6-99- No sign in place yet of						
	Inspection Record Type	Date				
	Foundation:					
	Framing:					
	Plumbing:					

Final:

Other: \_\_\_\_\_