

Location of Construction: 361 Danforth St Ptld 04102		Owner: Nancy & Roger Prince		Phone: 224-7823		Permit No: 990823			
Owner Address: P.o. Box 604 N. Turner ME 04266		Lessee/Buyer's Name:		Phone:		BusinessName:			
Contractor Name: *** Gnome Landscapes, Design & Masonry		Address: P.O. Box 66803 Falmouth ME 04105		Phone: 781-2955		Permit Issued: AUG 9 1999			
Past Use: 1-Family		Proposed Use: Same		COST OF WORK: \$ 5,400		PERMIT FEE: \$ 60.00			
Proposed Project Description: Construct stone retaining wall				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type: : <i>BOCA 96</i>			
				Signature:		Signature: <i>Hoffa</i>			
Permit Taken By: SP				Date Applied For: sp August 2, 1999				Zone: R-4 CBL: 084-E-014	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied				Signature: _____ Date: _____	

Zoning Approval: *Not A zoning issue*
Special Zone of Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

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: *See Attached*
Req. from Hist Pres. Committee

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

August 4, 1999

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

CEO DISTRICT