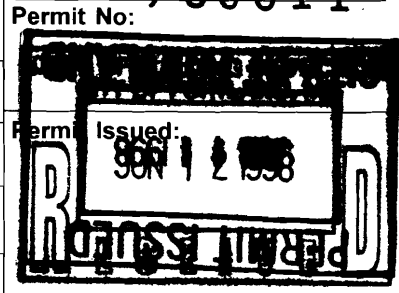


980611

Location of Construction: 248 Dartmouth St		Owner: Vardis, Lance & Gina		Phone: 773-3481	
Owner Address: SAA 04102		Lessee/Buyer's Name:		Phone:	
Contractor Name: Owner		Address:		BusinessName:	
Past Use: 1-fam		Proposed Use:		COST OF WORK: \$ 3,100.00	
				PERMIT FEE: \$ 35.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group <i>R3</i> Type: <i>5B</i> <i>BOCA 96</i>	
				Signature: <i>Hopper</i>	
Proposed Project Description: Install skylight in livingroom, open walls between livingroom & kitchen/and diningroom, livingroom Repair walls in rear bedroom		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
		Signature:		Date:	
Permit Taken By: MG		Date Applied For: 08 June 1998			



Permit No: 980611

Zone: *R-5* CBL: 080-A-019

Zoning Approval: *to remain 1 family*

Special Zone or Reviews:

Shoreland *ok*

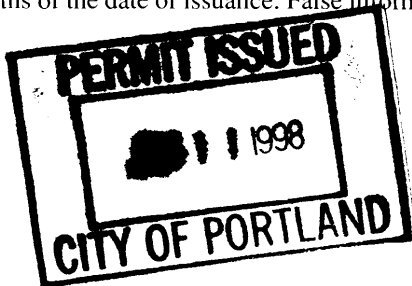
Wetland *ok*

Flood Zone *ok*

Subdivision

Site Plan *major* minor mm

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..



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

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: 08 June 1998 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

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

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: *[Signature]*

CEO DISTRICT *[Signature]*