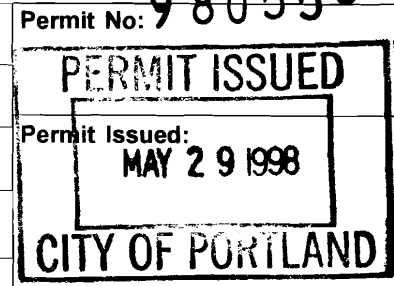


980555

Location of Construction: 13 Brackett Ave P.I.		Owner: Cronin, John J.		Phone: 781-231-3786	
Owner Address: 806 Reynolds Dr Saugus, MA 01906		Lessee/Buyer's Name:		Phone:	
Contractor Name: Owner		Address:		Phone:	
Past Use: 1-fam		Proposed Use:		COST OF WORK: \$ 6,000.00 PERMIT FEE: \$ 50.00	
Proposed Project Description: Replace 2 doors & 2 windows, renovate bathroom & laundryroom, install skylights		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature:		INSPECTION: Use Group <i>R3</i> Type: <i>53</i> Signature: <i>Hufford</i>	
Permit Taken By:		Date Applied For: 19 May 1998		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____	



Zone: *IR-2* CBL: 084-K-011

Zoning Approval: *was to remain 1 fam ok 5/24/98*

Special Zone or Reviews: *NA*

Shoreland *NA*

Wetland

Flood Zone *NA Zone C*

Subdivision

Site Plan *major* 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: *22/may/98*

[Signature]

CEO DISTRICT *6*

M. LEAR

Call Scott for P/U 773-4538

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

20 May 1998

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ PHONE: _____

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