	tion	Permit No:	Issue Date:	CBL:
Fax: (207) 874-8	3716	2014-01806		084 K006001
Location of Construction: 44 WELCH ST, PEAKS ISLAND Owner Name: CARVER MARGARET M		r Address:		Phone:
		2267 ISLAND COVE CIR NAPLES FL 34109		ES, (239) 961-1548
ne:		actor Address:	Phone:	
	591 Island Avenue Peaks Island ME 04108			(207) 766-2026
	Permi	t Type:		Zone:
Additi e: Proposed Use: Permit F		litions - Single F	amily	IR-2
		t Fee: Cost of Work:		CEO District:
Home INSPEC		\$234.00 ECTION:	*	
	1			
tory part of the		ampy)		
PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Appro			P.A.D.) d w/Conditions Denied	
Signature:				Date:
	<u> </u>	-	Approval	
		Zoning	Approvai	
Special Zone or R	Reviews Zoning Appeal		ng Appeal	Historic Preservation
Shoreland		☐ Variance	2	Not in District or Landman
Wetland		Miscella	neous	Does Not Require Review
Flood Zone		Condition	onal Use	Requires Review
☐ Subdivision		Interpret	ation	Approved
Site Plan		Approve	ed	Approved w/Conditions
Maj Minor MM		Denied		Denied
Date:		Date:		Date:
CERTIFICA	TION	Ī		
cation as his author in the application	rized a is issu	gent and I agree ed, I certify that	to conform to a the code official	all applicable laws of this al's authorized representative
ADDI	RESS		DATE	PHONE
1	cation as his autho I in the application ch permit at any re	cation as his authorized a l in the application is issu	cation as his authorized agent and I agree I in the application is issued, I certify that ch permit at any reasonable hour to enfor	med property, or that the proposed work is authorized by cation as his authorized agent and I agree to conform to a l in the application is issued, I certify that the code official chapter of the provision of t

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE