389 Congress Street, 04101 Tel: (Location of Construction:	·	Fax: (207) 874-8	716	2014-02804		109A B008001	
Location of Construction:			-			109A D000001	
		AN HENNING	Owner Address: 1010 WALTHAM ST STE 601 LEXINGTON, MA 02421		Phone:		
		or Name: bys Homeprovement and Consulting		actor Address: Box 90 Cliff Is	Phone: (207) 766-5693		
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:	
			Additions - Single Family			IR-1	
Past Use:	Proposed Use:		Permi	mit Fee: Cost of Work:		CEO District:	
Single Family Home (seasonal) Single F		ly Home (seasonal)		\$2,214.00 \$200,000.00 1 INSPECTION:			
Proposed Project Description:	1	of Classification					
Rebuild left side of house at a higher requirements, reducing the footprint		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
over part of it - demolition is on sepa				Action: Approved Approved w/Conditions Denied			
	pplied For:	1	Si	gnature:		Date:	
Permit Taken By: Date A ldobson 11/2		Zoning Approval					
This permit application does not preclude the		Special Zone or Ro	eviews	Zoni	ng Appeal	Historic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Varianc	e	Not in District or Landmar	
2. Building permits do not include septic or electrical work.	Wetland		Miscella	aneous	Does Not Require Review		
3. Building permits are void if wor within six (6) months of the date	Flood Zone		Condition	Conditional Use Requires Review			
False information may invalidate permit and stop all work	Subdivision		Interpre	☐ Interpretation ☐ Approved			
	Site Plan		Approve	ed	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
		Date:		Date:		Date:	
I hereby certify that I am the owner o I have been authorized by the owner t jurisdiction. In addition, if a permit f shall have the authority to enter all ar such permit.	o make this appl or work describe	lication as his authored in the application	at the ized a	proposed work a gent and I agree ed, I certify that	to conform to	all applicable laws of this al's authorized representative	
			RESS		DATE	PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE