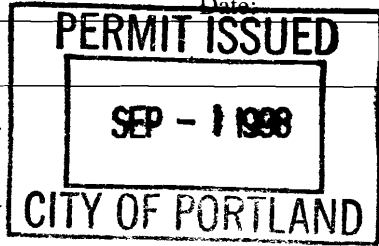
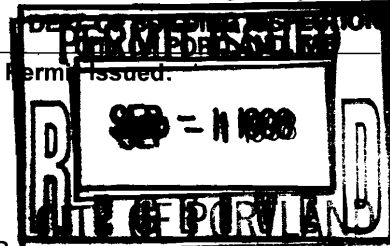


Location of Construction: 18 Ashmont St		Owner: 18 Ashmont St Assoc.		Phone:		Permit No: 980989	
Owner Address:		Lessee/Buyer's Name: Headlight Audio Visual 683 Forest Ave, Portland, ME 04102		Phone:		Business Name:	
Contractor Name: Pock Carpentry		Address: 86 Grand St So. Portland, ME		Phone: 04106		Permit Issued: SEP - 1 1998	
Past Use: Office		Proposed Use: Same		COST OF WORK: \$ 6,000		PERMIT FEE: \$ 50.00	
Proposed Project Description: Make Interior Renovations		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>B</i> Type: <i>512</i>		Zone: <i>B-2</i> CBL: 126-B-003 <i>25</i>	
		Signature: <i>WYM</i>		Signature: <i>Truffer</i>		Zoning Approval: <i>See permits OK S needed for New</i>	
Permit Taken By: SP		Date Applied For: 20 August 1998		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Special Zone or Reviews: <input type="checkbox"/> Shoreland <i>NA</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>Zone C</i> <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <i>major</i> <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	



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

24 August 1998

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

CEO DISTRICT 2
KC/TR