

Location of Construction: 120 Pheasant Hill Dr (Lot #9)		Owner: Anastos & Lohnes		Phone:		Permit No: 960815
Owner Address:		Leasee/Buyer's Name:		Phone: 846-0410		
Contractor Name: Anastos & Lohnes, Inc.		Address: P.O. Box 821 140 Main St		Phone: Yarmouth, M,E 04096		Permit Issued: Zone: CBL: 171-A-B-009 <i>RES APPLD</i> Zoning Approval: <i>ok with condition</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input checked="" type="checkbox"/>
Past Use: Vacant Land		Proposed Use: 1-fam		COST OF WORK: \$ 166,000.00 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Type: <i>ok 8/16/96</i> Signature: _____ Signature: _____		
Proposed Project Description: Construct 1-fam dwelling						
Permit Taken By: Mary Gresik		Date Applied For: 08 August 1996				

1. This permit application doesn't 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..

**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 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: *Scott Belesca* ADDRESS: _____ DATE: 16 August 1996 PHONE: _____
 Scott Belesca _____ 08 August 1996

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: 8/16/96

D. Adm...

CEO DISTRICT 7

D. Jordan