

Location of Construction: 17 Wolcott Street	Owner: *Eileen M. Doyle & James P. Fecteau *	Phone: 780-6551	Permit No: 000168
Owner Address: SAA	Lessee/Buyer's Name: N/A	Phone: N/A	Permit Issued: MIT
Contractor Name: The Pool Shed	Address: P.O. Box 124, Rt. 35, West Buxton, ME 04093		Phone: 207-727-5888
Past Use: 1-Family	Proposed Use: Same	COST OF WORK: \$ 17,750	PERMIT FEE: \$ 132.00
Proposed Project Description: Build a 16' x 32' inground pool.		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:
Permit Taken By: GD		Date Applied For: 3-6-00	Signature:
		Signature:	Date:

Zone: RS **CBL:** 185-D-016

Zoning Approval: *ok with conditions*

Special Zone or Reviews: 3/8/00

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj 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: *S*

PERMIT ISSUED WITH REQUIREMENTS

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..

****Call James Fecteau 780-6551 For Pick Up**

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

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: 3-6-00 PHONE: _____

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

PERMIT ISSUED WITH REQUIREMENTS GEORGETOWN DISTRICT

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