				207) 874-8703, FAX: 874-8716	
Location of Construction: 106 Massachusetts Ave	Owner: Wallace, Jud		Phone: 774–7448	Permit No:	
Owner Address: SAA 04102	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED	
Contractor Name: Right Angle Remodeling	Address:	Pho	ne:	Permit Issued: SEP 2 5 1998	
Past Use:	Proposed Use:	COST OF WORK: PERMIT FEE: \$ 20,000.00 \$ 120.00			
1-fam		Signature:	Denied Use Group 137  DOCA 46  Signature: 1	Zone: CBL: 186-D-050	
Proposed Project Description:  2nd floor, bedroom and bathroom	om	PEDESTRIAN Action: Signature:	ACTIVITIES DISTRICT (P. Approved Approved with Conditions: Denied	Special Zone or Reviews:  Shoreland Wetland Slood Zone Subdivision	
Permit Taken By: UB	Date Applied For:	08 Sept 98	□ Site Plan maj □minor □mn		
<ol> <li>This permit application does not preclude the</li> <li>Building permits do not include plumbing,</li> <li>Building permits are void if work is not start tion may invalidate a building permit and start</li> </ol>	septic or electrical work.  ted within six (6) months of the date of			☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied	
		W <sub>I</sub> ;	PERMIT ISSUED TH REQUIREMENTS	Historic Preservation  Not in District or Landmark Does Not Require Review Requires Review Action:	
I hereby certify that I am the owner of record of t authorized by the owner to make this application if a permit for work described in the application areas covered by such permit at any reasonable SIGNATURE OF APPLICANT	n as his authorized agent and I agree to is issued, I certify that the code official	to conform to all applicated is authorized representation.	ble laws of this jurisdiction. In ative shall have the authority to	ave been addition, ☐ Approved with Conditions	
RESPONSIBLE PERSON IN CHARGE OF WO			PHONE:	CEO DISTRICT 3	

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector