Location of Construction:		Phone:		Permit No:		
** 76 Edwards St Stephen & Pan				772-5556		
Owner Address: SAA Ptld 04102	Lessee/Buyer's Name:	Phone:	Busine	ssName:	990835	
Contractor Name:	Address:	Pho	no:		Permit Issued:	
Paul Laslie 18 Scott St						
Past Use:	Proposed Use:	COST OF WO		PERMIT FEE:	H AUG 9 i.	
i ast use.	Troposed osc.	\$ 22,000	••••	\$ 156.00		
					 -	
1-fam	Same		FIRE DEPT. Approved INSPECTION: Use Group: 17 Type 5		2	
			D Deined		7 7 000	
		Signature:		BOC A96 Signature: While	20ne: 187-C-016	
Proposed Project Description:		PEDESTRIAN ACTIVITIES DISTRICT (A.A.D.)			Zoning Approvet:	
	Action: Approved			1 11 - 201 199		
Construct Addition	7 tetion.	Approved	Special Zoke of Reviews:			
and FLoor?		Denied	☐ Shoreland ☐ Wetland			
gia Froot?				□ Flood Zone □ Subdivision 14-45		
		Signature:	Signature: Date:			
Permit Taken By: SP	Date Applied For:	August 2, 19	999		☐ Site Plan maj ☐minor ☐mm	
					Zoning Appeal	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.					□ Variance	
2. Building permits do not include plumbing, septic or electrical work.					☐ Miscellaneous	
					☐ Conditional Use	
	☐ Interpretation ☐ Approved					
tion may invalidate a building permit and stop all work					□ Denied	
					Historic Preservation	
PERMIT ISSUED					☐ Not in District or Landmark	
					☐ Does Not Require Review	
					☐ Requires Review	
		W	ITH REQU	JIREMENTS	Action:	
CERTIFICATION					□Appoved	
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						
	y reasonable hour to enforce the provisions of the			•	Date:	
, ,	•	• • • •	•			
		August 2, 1999		.		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	∠ ∠ , 1999	PHONE:	-	
SIGNATURE OF AFFLICANT	ADDRESS.	DAIE.		I HONE,		
RESPONSIBLE PERSON IN CHA	DOE OF WORK TITLE			DUONE.	_ 3	
RESPONSIBLE PERSON IN CHA	NOE OF WORK, TITLE			PHONE:	CEO DISTRICT	
	White-Permit Desk Green-Assessor's	Canary-D.P.W. Pink-P	ublic File	Ivory Card-Inspector		