

Location of Construction: 1198 Congress Street		Owner: Olympia Equity		Phone:		Permit No: 001127	
Owner Address: SAA		Lessee/Buyer's Name: Coastal Bank		Phone:		Business Name:	
Contractor Name: Neokraft		Address: 686 Main street Lewiston ME <i>Peter Murphy</i>		Phone: 782-9654		Permit Issued: 001 - 6	
Past Use: Bank		Proposed Use: Bank		COST OF WORK: \$		PERMIT FEE: \$ 34.50	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description: Amendment to Permit 000073 for sign to conceal traffic contro box		Signature:		Signature:		Zone: <i>BB</i> CBL: 189-A-013	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/>		Zoning Approval: <i>ok per plans dated 10/3/00</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <i>with conditions</i> <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> min	
Permit Taken By: KA		Date Applied For: NMay 22 2000 K		Signature:		Date:	

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..

any questions call peter at
782-9654

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: May 22 2000 PHONE: _____

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

PERMIT ISSUED WITH REQUIREMENTS

Action:

Approved
 Approved with Conditions
 Denied

Date: *S*

PERMIT ISSUED WITH REQUIREMENTS
CEO DISTRICT *SAM* sam