		PERMIT ISSUE						
•	nine - Building or Use 101 Tel: (207) 874-8703		ication	rmit No: 01-0474	Issue Date: MAY	- 9 %	CBL: 190 GO	09001
Location of Construction: Owner Name:			Owner	r Address:	CITY OF		Phone:	
1274 Congress St Swan Island L		le 100		Middle St	Ottland, OFe	BURTL	<b>474</b> ( <b>)</b> 102	
Business Name: Contractor Name				tractor Address: Phone			Phone	
n/a Design Techno				Box 30 E. Parsonsfield			2073291207	
Lessee/Buyer's Name Phone:				ermit Type:			Zone:	
n/a n/a		Sign		gns - Permanent			KZ	
Past Use: Proposed Use:			Permit Fee: Cost of V		Cost of Wor	k: CEO District:		
Commercial / Office Same / Erectin		ng 30 sq. ft. sign		FIRE DEPT: Approved		Use Group:	NSPECTION:  Use Group: Type:	
Proposed Project Description:						130 GEN	EQUIREMEN	1899
30 sq. ft. sign		Signat	Signatura					
30 sq. 1t. sign			Signature: PEDESTRIAN ACTIVITIES DISPR			ICT (P.A.S.)		
	Action: [						Denied	
		Signature:			Dat	Date:		
Permit Taken By:	Date Applied For: 05/03/2001			Zoning Approval				
1. This permit applicati	Special Zone or Reviews		Zoning Appeal		I	Historic Preservation		
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance		<b>12</b>	Not in District or Landman	
2. Building permits do septic or electrical w	Wetland		Misce	Miscellaneous		Does Not Require Review		
3. Building permits are within six (6) months False information ma	Flood Zone		Conditional Use			Requires Review		
permit and stop all w	Subdivision		Interpretation			Approved		
		Site Plan		Appro	ved		Approved w/	Conditions
closed Scarred	Maj Mipor MM		Denied			Denied O		
Scanne	Date: Cund	tions	Date:		Date:		$\geq$	
		out land	100			PEI WITH	RMIT IS80ED REQUIREMEN	VTS
I have been authorized by jurisdiction. In addition, i	he owner of record of the na the owner to make this appl f a permit for work describe enter all areas covered by s	amed property, of ication as his audion as his audion the application are in the applications.	thorized agention is issued,	t and I agree I certify tha	e to conform t the code off	to all applic	cable laws orized repr	of this esentative
SIGNATURE OF APPLICANT	ADDRESS		DATE			PHONE		
RESPONSIBLE PERSON IN C	CHARGE OF WORK, TITLE				DATE			 NE

E/4 - work, in film linguated + company - west for literary presents The said of the said