

Location of Construction: 68 Starbird Rd.		Owner: James M. Coyne		Phone: 874-0490		Permit No: 001092
Owner Address: 68 Starbird Rd.		Lessee/Buyer's Name:		Phone:		
Contractor Name:		Address:		Phone:		Zone: <u>R-3</u> CBL: 225-E-045 Zoning Approval: <u>OK</u>
Past Use: Single Family		Proposed Use: Same		COST OF WORK: \$2,600.00 PERMIT FEE: \$2.00 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: <u>R-3</u> Type <u>50</u> <u>DOCA99</u> Signature: <u>[Signature]</u>		
Proposed Project Description: Wheel Chair Ramp						Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Permit Taken By: Gayle		Date Applied For: September 26, 2000		GG		Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied

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 Bob Dutil @ 885-2409

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

PERMIT ISSUED WITH REQUIREMENTS

PERMIT ISSUED WITH REQUIREMENTS

ISSUED
669/27