

Location of Construction: 86 Partridge Circle		Owner: Catherine Morin-Matthew Campbell/ Campbell		Phone: 774-9485	Permit No: 991090	
Owner Address: SAA		Lessee/Buyer's Name:		Phone:		Permit Issued: SEP 30 1999
Contractor Name: **Weigel Const. Ben Weigel		Address: Falmouth 12 Madokawando Landing ME 04105		Phone: 781-5569	Zone: CBL: <i>R-1/RP-228-A-A-008</i> Zoning Approval: <i>OK with conditions</i> Special Zone or Reviews: <input checked="" type="checkbox"/> Shoreland <i>over 75' from</i> <input type="checkbox"/> Wetland <i>with</i> <input type="checkbox"/> Flood Zone <i>Zone C map 12</i> <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Past Use: 1-Family		Proposed Use: Same		COST OF WORK: \$ 32,000		PERMIT FEE: \$ 216.00
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>R3</i> Type: <i>5B</i> <i>BOCA 96</i> Signature: <i>Huffman</i>
Proposed Project Description: Complete existing rough-framed family room over garage, provide small dormer over stairway .				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		
Permit Taken By: UB		Date Applied For: 9-22-99				

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..

*****Send To:** Ben Weigel
Weigel Construction
12 Madokawando Landing
Falmouth, ME 04105

**PERMIT ISSUED
WITH REQUIREMENTS**

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: 9-22-99 PHONE: _____

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

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

Zoning Appeal


Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: 

CEO DISTRICT **ub** 3