Location of Construction: Owner:			·Phone:	Permit No:
790 2274 28.			979-8777	
Owner Address:	Lessee/Buyer's Name:	Phone:	-BusinessName:	
142 Sountain Rd. Falmonth.		**************************************		
Contractor Name:	Address:	Phone	e:	Permit Issued:
Atlantic Sign Craft	SSS Walnut Mills		- 04097 6688 6	
Past Use:	Proposed Use:	COST OF WOR	K: PERMIT FEE:	MAD I E Acor
		\$ 3,000	\$**38,38	MAR 1 5 2001
	ISSE	FIRE DEPT.	Approved INSPECTION:	Signoff
			Denied Use Group: 1	
			BOCA44	Zone: CBL:
		Signature:	Signature: 7/2	
Proposed Project Description:				200a/
•			CTIVITIES DISTRICT	7.1.)
Replace old sign with	new sign in the same location.		Approved	Special Zone or Reviews:
Lily	•		Approved with Conditions:	□ □ Shoreland
			Denied	□ □ Wetland
	*		:	☐ Flood Zone
		Signature:	Date:	☐ Subdivision
Permit Taken By: Chris	Date Applied For:	- a	:	☐ Site Plan maj ☐minor ☐mm [
- Ann an areas.		ch 5, 2001	© XX	<u> </u>
1 Thisitlii		1 7	:	Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				☐ Variance ☐ Miscellaneous
2. Building permits do not include plumbing, septic or electrical work.				☐ Conditional Use
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-				☐ Interpretation
tion may invalidate a building per	□ Approved			
don may invandate a bunding per	ant and stop an work			□ Denied
·				25011100
				Historic Preservation
			PERMIT IS WITH REQU	Does Not Require Review
			21718	Requires Review
			PERMICIL	REMIL
			L'U REUU	Action:
			MILL	
	CERTIFICATION			
	ecord of the named property, or that the propose			
authorized by the owner to make this a	pplication as his authorized agent and I agree t	to conform to all applicable	e laws of this jurisdiction. In a	addition, Denied
if a permit for work described in the ap	plication is issued, I certify that the code offici-	al's authorized representati	ive shall have the authority to	enter all
areas covered by such permit at any re-	asonable hour to enforce the provisions of the	code(s) applicable to such	permit	Date:
		March 5, 2001	į	
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	- ISUL NIS
				PERMITISSEMENTS
DESPONSIBLE DESCONTALOUTES	OF MODIA COM D			
RESPONSIBLE PERSON IN CHARGE	OF WORK, TITLE		PHONE:	, CED DISTRICT 3
	White Permit Dock Creen Assessed to	Conon, D DIM Dink D	blia Ella bass Cont to the	-4 Y''
	White-Permit Desk Green-Assessor's	oanary-D.F.vv. Pink-Pu	mic rile lvory Card-Inspe	CTOF