

Location of Construction: 155 Riverside St, 04103		Owner: H. J. Associates Ltd		Phone: 774-5861		Permit No: 000533	
Owner Address: 155 Riverside St 04103		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: * Burr Signs		Address: 10 Buttonwood St. , 04106		Phone:		Permit Issued: 23	
Past Use: Hotel		Proposed Use: Hotel		COST OF WORK: \$		PERMIT FEE: \$ 62.80	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION <i>EMM</i> Use Group: Type: <i>BOCATA - J. Jones</i>	
Proposed Project Description: Remove 30" x 9' sign. Reface 8' x 16' sign and replace w/ 4' x 9' sign.				Signature:		Signature: <i>J. Jones</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: <i>13-4</i> CBL: 268-A-011	
Permit Taken By: GD		Date Applied For: NC 5-11-2000		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>over the Allowable Area for B4</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <i>140# Allowed</i> <input type="checkbox"/> Wetland <i>shows 164#</i> <input type="checkbox"/> Flood Zone <i>to D.A.</i> <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
				Signature:		Date: <i>5/16/00</i>	

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..

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

5-11-2000

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action: *5/22/00 - OK D.A. Approved looks in property*

Date: *S*

PERMIT ISSUED WITH REQUIREMENTS

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