



<b>Location of Construction:</b> 4 King St	<b>Owner Name:</b> Plummer Sheryl C	<b>Owner Address:</b> 10 Derby Rd	<b>Phone:</b> 775-7670
<b>Business Name:</b>	<b>Contractor Name:</b> F. S. Plummer Co., INC	<b>Contractor Address:</b> 80 Pinetree Industrial Pkwy Portland	<b>Phone</b> 2078286711
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Garages - Detached	<b>Zone:</b>

<b>Dept:</b> Zoning	<b>Status:</b> Pending	<b>Reviewer:</b> Jeanine Bourke	<b>Approval Date:</b>
<b>Note:</b> 11/10/03 Mark P. Did not show up for same day appt. Issues with lot coverage and need rear setback dimension. 11/26/03 Submitted surveyors plan showing the lot to be 4,144 square feet. Mark P. Will submit an original with the placement of the new garage and setbacks.			<b>Ok to Issue:</b> <input type="checkbox"/>
1) This permit is issued under Section 14-433 which allows a reduction of the rear setback. The accessory garage must meet the required 25' front setback and the lot depth is such that the 25' required in the rear cannot be met.			
2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.			
<b>Dept:</b> Building	<b>Status:</b> Pending	<b>Reviewer:</b> Jeanine Bourke	<b>Approval Date:</b>
<b>Note:</b> Need to know how the storage is accessed 11/21/03 received plan showing pull down stairs			<b>Ok to Issue:</b> <input type="checkbox"/>

**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 provision of the code(s) applicable to such permit.

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SIGNATURE OF APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO