Location of Construction:	04101 Tel: (207) 874-870 Owner Name:	3, 1 ux. (207) 074 07	Owner Address	380A C007001   Phone:	
77 Alpine Rd Susan Staples		S	77 Alpine Rd	797-7422	
Business Name:	Contractor Nan		Contractor Address: n/a n/a		
	no contractor	/self			
Lessee/Buyer's Name	Phone:		Permit Type:	Zone:	
			Additions - Dwellings		
Past Use: Proposed Use:			Permit Fee: Cost of Work: CEO District:		
Single Family Dwelling	Single Family	y Dwelling	\$36.00	\$1,300.00 2	
}			FIRE DEPT: Appr	Lisa Group: // \ Type: \-	
			Den d	ed Ose Group.	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 Jeca 4	
Proposed Project Description	n:		$\forall MN$		
Build Entry Porch			Signature: Signature:		
			PEDESTRIAN ACTIVITIE		
			Action: Approved	Approved w/Conditions Denied	
			Signature:	Date: C	
Permit Taken By: Date Applied For:		Zoning Approval			
dgc	08/16/2001	Special Zone or Rev	iews Zoning App	eal Historic Preservation	
	tion does not preclude the neeting applicable State and	1	Variance	Not in District or Land	
2. Building permits do not include plumbing, septic or electrical work.		Wetland	Miscellaneous	Does Not Require Rev	
3. Building permits ar	re void if work is not started hs of the date of issuance.	Flood Zone	Conditional Use Requires F	e Requires Review	
False information may invalidate a building permit and stop all work		Subdivision	Interpretation	Approved	
		Site Plan	Approved	Approved w/Condition	
		Maj Minos	Denied	Denied /	
		Date: \$//4	Date:	Date: 8/14/7/	
		Mai Minor Minor Date:	☐ Denied	Denied /	
		CERTIFICAT	ION		
I have been authorized b jurisdiction. In addition.	y the owner to make this app , if a permit for work describ	named property, or that blication as his authorized in the application is	the proposed work is authored agent and I agree to corissued, I certify that the co	orized by the owner of record and the form to all applicable laws of this ode official's authorized representative provision of the code(s) applicable	
SIGNATURE OF APPLICAN	NT NT	ADDRE	SS	DATE PHONE	
SIGNATURE OF ALTERCAL		7100KL		THORE	
RESPONSIBLE PERSON IN	CHARGE OF WORK, TITLE			DATE PHONE	