

Location of Construction: 21 Summer Place		Owner: John & Lenora Gutwin		Phone: *773-2268		Permit No: 000512
Owner Address: 21 Summer Place		Lessee/Buyer's Name:		Phone:		
Contractor Name: OWNER		Address:		Phone:		Zone: PRUD CBL: R-3 422-B-033 Zoning Approval: PUD Special Zone or Reviews: ok
Past Use: Single Family Dwelling		Proposed Use: SAME		COST OF WORK: \$ 950.00 PERMIT FEE: \$ 30.00 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: u Type: BOC 499 Signature: <i>Hoffner</i>		
Proposed Project Description: Build a Pool deck part-way around a 15' x 30' above-ground pool.						Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: <i>S</i>
Permit Taken By: NW		Date Applied For: NC 5-11-2000				

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..

Please call 773-2260 for P/U

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: 5-11-2000	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

PERMIT ISSUED WITH REQUIREMENTS