

Location of Construction: 500 Washington Ave.		Owner: Michael Scarke		Phone: 775-2100	
Owner Address:		Lessee/Buyer's Name:		Phone:	
Contractor Name: ** Neptune Properties		Address: **120 Exchange Street		Phone: 775-2100	
Past Use: Commercial / Office		Proposed Use: Commercial / Office		COST OF WORK: \$25,000.00	
				PERMIT FEE: \$174.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: B Type: 2C B0049A	
				Signature: <i>[Signature]</i>	
				Signature: <i>[Signature]</i>	
Proposed Project Description: New Construction, tenant fit up <i>part of: 2nd + 3rd floor</i>		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: Approved <input type="checkbox"/>			
		Approved with Conditions: <input type="checkbox"/>			
		Denied <input type="checkbox"/>			
		Signature: _____		Date: _____	

Permit No: **010104**

Permit Issued: **FEB 13 2001**

Zone: **B-2** CBL: **429-1-007**

Zoning Approval: *[Signature]*

Special Zone or Reviews:

Shoreland *7/17/01*

Wetland

Flood Zone

Subdivision

Site Plan maj minor mm

Permit Taken By: **Jodine** Date Applied For: **February 8, 2001 gg**

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

February 9, 2001

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

PERMIT ISSUED WITH REQUIREMENTS

Zoning Appeal

Variance

Miscellaneous

Conditional Use

Interpretation

Approved

Denied

Historic Preservation

Not in District or Landmark

Does Not Require Review

Requires Review

Action:

Approved

Approved with Conditions

Denied

Date: *[Signature]*

PERMIT ISSUED WITH REQUIREMENTS WITHIN DISTRICT

[Signature]

COMMENTS

9/27/01 Appears to be completed per plans JB

IBL 429 - F007
SP# 01-0104

	Type	Inspection Record	Date
Foundation:	_____	_____	_____
Framing:	_____	_____	_____
Plumbing:	_____	_____	_____
Final:	_____	_____	_____
Other:	_____	_____	_____