	(	•		
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716	207) 874-8703.	Fax: (207) 874-8716	01-11277   OCT   9	2001 424 A003001
Location of Construction:	Owner Name:	0		
Business Name:	Contractor Name:	4	oso oceanizate: OF PO	入 7 7 7 504
T T T T T T T T T T T T T T T T T T T	Hunter, Don		Sanford	TIONE
Lessee/Buyer's Name	Phone:	Pt	Permit Type: Alterations - Dwellings	Zone:
Past Use: single family	Proposed Use: single family w	Proposed Use: Pr	Cost of Wor 0.00 \$6,0	: CEO District: 0.00 2
	room	<i>ב</i> י	FERE DEPT: Approved  Denied	INSPECTION: Use Group: R S Type: SE
Drawood Decises December 5			0/4	BOLLEGG
finish 3rd floor for family room		<u> </u>	Signature: Signature:	Signature: TMINSST
		<b>ω</b> >	Action: Approved Appl	pployal w/Conditions
Permit Taken By: Date A dgc 10/19	Date Applied For: 10/19/2001		Zoning Approval	THE PROPERTY OF THE PROPERTY O
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> </ol>	preclude the able State and	Special Zone or Reviews  Shoreland	Zoning Appeal  Variance	Historic Preservation  Not in District or Landmar
<ol><li>Building permits do not include plumbing septic or electrical work.</li></ol>	olumbing,	☐ Wetland	Miscellaneous	Does Not Require Review
<ol> <li>Building permits are void if work is not started within six (6) months of the date of issuance.</li> </ol>	is not started of issuance.	☐ Flood Zone 8	Conditional Use	Requires Review
False information may invalidate a building permit and stop all work	a building	Subdivision	Interpretation	Approved
		Site Plan	Approved	Approved w/Conditions
		Maj 🔲 Minor 🔲 MM 🔲	Denied	Denied
		Date: 10/19/01	Date: 10/19/01	Date: 10/19/01
	· · · · ·	_	•	•
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.	record of the nar make this applic r work described as covered by suc	CERTIFICATION ned property, or that the pration as his authorized again the application is issue the permit at any reasonable	aproposed work is authorized be proposed work is authorized be gent and I agree to conform to ed, I certify that the code office hour to enforce the provision	by the owner of record and that all applicable laws of this cial's authorized representative ion of the code(s) applicable to
SIGNATURE OF APPLICANT		ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	ORK, TITLE		DATE	PHONE

## All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted

Total Square Footage of Proposed Structure  Square Footage of Lot
Tax Assessor's Chart, Block & Lot   Owner: Chart# Block# Lot#   Marc Giguere   374-0604
Lessee/Buyer's Name (If Applicable)  Applicant name, address & S74-0604 Cost Of telephone:  Marc Gigueria  653 Ocean Ave Gigueria  Fee: \$ 10.00
If the location is currently vacant, what was prior use:
Approximately how long has it been vacant:
Proposed use: Home
Project description: Finish 3rd Flock into the family keem
Contractor's name, address & telephone: Dow Howtere Sawford, me
Who should we contact when the permit is ready: Malling address: Above Address
F THE REQUIRED INFORMATION IS NOT INCLUDED IN THE CHARLESTON IN TH

DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable

!	signature of applicant:	
	an Beginson	
	Date: 10-19-01	

This is not a permit, you may not commence ANY work until the permit is issued

DUPLICATE

GENERAL RECEIPT

GENERAL RECEIPT

GENERAL RECEIPT

DEPARTMENT  RECEIVED FROM  ADDRESS  UNIT ITEM REVENUE DOLLAR CODE  OCHORUS CODE  CASH CHECK OTHER TOTAL  RECEIVED BY  RECEIVED BY  RECEIVED BY  RECEIVED BY	PARTMENT
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## TRU FLOOR PLAN

