Location of Construction:	Owner:		Phone:	Permit No:
200 Anderson Street Owner Address:	Lessee/Buyer's Name:		773-4206	
Owner Address.	·		BusinessName:	01-0319
Contractor Name:	Address: Guzman/Guzmane Sais	Phond:	Perchand (4186)	TO BEDIVEY ICC
t place	· de la	THEOST OF WORK	men to ca	PENVIII 133UCI
Past Use:	Proposed Use:	S REOST OF WORK?	PERMIT FEB:	11/8
Commercial / Warehouse	6	FIRE DEPT. App	roved INSPECTION:	APR - 9 200
Commercial / Marehoffe	Commercial / Salsa Samufacturing	□ Deni		<u> </u>
	CONTROL OF THE ASSESSMENT		Dac day	ZGITY OF PORTLAND
branged Project Description.		Signature:	Signature: A	4
Proposed Project Description:		L.	IVITIES DISTRICT (F/A.D.)	
Change of Use			roved	Special Zone or Reviews:
Hanuisceuring of Guzmans Sala Product line		App	roved with Conditions:	☐ ☐ Shoreland
Management 21 de la	rev en per ser nick bestrike bas affe dis 内含物D	Deni	icu	□ □ Wetland □ Flood Zone.
		Signature:	Date:	□Subdivision
Permit Taken By:	Date Applied For:	1-76-		☐ Site Plan maj ☐minor ☐mm
Gayle		February 26, 20	001 gg	Zoning Appeal
. This permit application does not preclud	State and Federal rules.		□Variance	
2. Building permits do not include plumb	*		□ Miscellaneous	
Building permits are void if work is not	ssuance. False informa-		☐ Conditional Use☐ Interpretation	
tion may invalidate a building permit a				□Approved
				□ Denied
				Historic Preservation
				☑Not in District or Landmark
			PERMITISSUED WITH REQUIREMENTS	☐ Does Not Require Review
			COMITISSUL ENTS	☐ Requires Review
			PENNEQUIAL.	Action:
	CERTIFICATION		MILLI	D Amazona d
I hereby certify that I am the owner of record				□ Approved with Conditions
authorized by the owner to make this application	ation as his authorized agent and I agree to c	onform to all applicable law	vs of this jurisdiction. In additi-	on, Denied
if a permit for work described in the application	tion is issued, I certify that the code official's	authorized representative sl	hall have the authority to enter	all C
areas covered by such permit at any reasona	ble hour to enforce the provisions of the coo	le(s) applicable to such pern	nit	Date:
	1000000	February 26, 20		
	ADDRESS:	DATE:	PHONE:	TISSUED THIS
IGNATURE OF APPLICANT				
IGNATURE OF APPLICANT				PERMITION !
ESPONSIBLE PERSON IN CHARGE OF	WORK, TITLE	**	PHONE:	PERMITISSUED PE





Certificate of Occupancy

LOCATION 200 Anderson Street CBL: 010-E-001

Issued to Joeseph Wojcik

Date of Issue June 12, 2001

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 01-0312, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire Structure (Guzman's Salsa)

Use Group Fl Type 3B Boca 1999

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

Glista

(Date)

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

2/27/01 Returned to Office MANAger - Noplo	T Dlan is included As required & s	Shano
2/27/01 Returned to Office Manager - Noplo Allow Applications - I can't finish a 128/01 Sw property were, will stw applied 13/01 Stw capplinant explained we	review until I have Aplot plan Show	STAKE
1/3/01 Slw applinant expland we	had not red plot plan	
6/8/01 Walk Thru for Cof O- Electric Only one means of egness which UT MAN when Muke Cullens (Elactrician) & CT M	o WII decide. Colo Can be issue	<u>red</u> w
Occupancy as Mod manutacturer. De	my Chestrut from MEOUSDA hA.	5
Approved The Frechty. Jon M.		
6/13/01- ALL Hems completed for	(of 0. will issue (of 0. (6/1	3/01) MM
- A Clust		
Lool vai	CB # 010-E-00/00/ Permot# 01-0312	
	Inspection Record Type Foundation:	Date
	Foundation: Framing: Plumbing:	
	Final:	
	Outer,	