Location of Construction:	Phone:		Permit No: 9 60858		
III houseve	Owner:		273-2	y. 7.7	
Owner Address:	Leasee/Buyer's Name:	Phone:	Business	sName:	PERMIT ISSUED
Contractor Name:	Address:	Phone:			Permit Issued:
1401 (2000 S - 14)		COST OF WO	COST OF WORK: PERMIT FEE:		AUG 2 8 1996
Past Use:	Proposed Use:	\$2,00	937 (277) (487) 1487 (487) 54 54 2486 (487) (487)		OLTY OF BODELLIND
rate tolers	John Winds Erica	FIRE DEPT. Approved INSPECTION: Use Group			CITY OF PORTLAND
			Denied	Use Group: SType: 3	Zone: CBL:
Proposed Project Description:		Signature:	A COMPANIENTE	Signature:	Zoning Approval:
Troposed Project Description.	PEDESTRIAN ACTIVITIES DISTRICT (PL) D. Action:				
orline of the extlineration	Action: Approved Approved with Conditions: Denied		575	Special Zone of Neviews:	
			viui Conditions.	_ L Siloitianu	
			Defined	-	☐ Flood Zone
		Signature: Date:		Date:	□ Subdivision
Permit Taken By:	Date Applied For:	* **			☐ Site Plan maj ☐ minor ☐ mm ☐
Vicks Luvas 5/13/156					Zoning Appeal
1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.					☐ Variance
2. Building permits do not include plumbing, septic or electrical work.					☐ Miscellaneous
					☐ Conditional Use
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					☐ Interpretation☐ Approved
tion may invalidate a building permit and stop an work					☐ Denied
			Southern Southern Street, Stre	and the same of th	Historic Preservation
			PERM	AIT ISSIED	Not in District or Landmark
			77777	II T DOUD D	Does Not Require Review
wait to each the Pfi			AATT	MIT ISSUED H LETTER	☐ Requires Review
		•			Action:
CERTIFICATION					☐ Appoved
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					and the second s
authorized by the owner to make this appl					
if a permit for work described in the appli	cation issued, I certify that the code officia	al's authorized representa	tive shall hav		1
areas covered by such permit at any reason	nable hour to enforce the provisions of the	code(s) applicable to suc	h permit		Date:
pr producti					
r Luis th		41.3/10			
SIGNATURE OF APPLICANT SACETOR	2 Une ADDRESS:	DATE:		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF	F WORK, TITLE			PHONE:	CEO DISTRICT
127	hito Dormit Dook Croon Assesser's	Conony D.D.W. Dinte D	ublic Eile I	word Inches	t t
W	hite-Permit Desk Green-Assessor's	Canary-D.P.W. Pink-P	ublic File	vory Card-Inspector	1