

Location of Construction:		Owner:		Phone:	
Owner Address:		Leasee/Buyer's Name:		Phone:	
Contractor Name:		Address:		Phone:	
Past Use:		Proposed Use:		<b>COST OF WORK:</b> \$ _____ <b>PERMIT FEE:</b> \$ _____	
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>INSPECTION:</b> Use Group: _____ Type: _____	
Proposed Project Description:		Signature: _____ <b>PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)</b> Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Signature: _____ Date: _____	
Permit Taken By:		Date Applied For:			

Permit No: **960976**

**PERMIT ISSUED**

Permit Issued:

**OCT - 3 1996**

**CITY OF PORTLAND**

Zone: \_\_\_\_\_ CBL: \_\_\_\_\_

Zoning Approval:

**Special Zone or Reviews:**

Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm

**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: \_\_\_\_\_

1. This permit application doesn't 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 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:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		PHONE:	

CEO DISTRICT

COMMENTS

1/23/97 Sign installed as per plan  
checked for License 2 Fire extinguishers & Shop &  
furnace safety equipment OK  
gmbing

CBL # 012-G-001

permit # 960976

Inspection Record

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