Location of Construction:	Owner:		Phone:		Permit No: 980205
Owner Address:	Lessee/Buyer's Name:	Phone:	Busines	sName:	
					PERMIT ISSUED
Contractor Name:	Address:	Phon		797-903:	Permit Issued:
Past Use:	Proposed Use:	COST OF WOR		PERMIT FEE:	MAR 1998
- 		\$	O _.	\$ 36.36	
1m 182	2.55p. c	FIRE DEPT.	* *	INSPECTION:	CITY OF PORTLAND
April 1 g			Denied	Use Group: Type:	
		Signature: #	1366	Signature:	Zone: CBL:
Proposed Project Description:				ES DISTRICT (P,A.D.)	Zoning Approval:
		Action:	Approved	, , , , , , , , , , , , , , , , , , ,	Special Zone or Reviews:
			1		☐ Shoreland
Total Cotable Joseph			Denied		□ Wetland □ Flood Zone
		Signature:		Date:	☐ Subdivision
Permit Taken By:	Date Applied For:	25 Fobruary 1998			☐ Site Plan maj ☐minor ☐mm [
			· ————		Zoning Appeal
1. This permit application does not preclude	de the Applicant(s) from meeting applica	ble State and Federal rules.			□ Variance
2. Building permits do not include plumb	☐ Miscellaneous ☐ Conditional Use				
3. Building permits are void if work is not	□ Interpretation				
tion may invalidate a building permit a					□ Approved
					☐ Denied
					Historic Preservation
			1	PEDIA	☐Not in District or Landmark ☐Does Not Require Review
			WIT	PERMIT ISSUED H REQUIREMENTS	☐ Requires Review
			.,,	REQUIREMENTO	
					Action:
	CERTIFICATION				□Appoved
I hereby certify that I am the owner of record		-			l — –
authorized by the owner to make this applic if a permit for work described in the applica					,
areas covered by such permit at any reasona				we the authority to effer at	Date:
	•	•	•		
e e	ADDRESS:	LS Setru	.xy 1998	*	
SIGNATURE OF APPLICANT AND THE STATE OF APPLICANT	ADDRESS:	DATE:		PHONE:	-
RESPONSIBLE PERSON IN CHARGE OF	WORK, TITLE			PHONE:	CEO DISTRICT
Wh	ite-Permit Desk Green-Assessor's	Canary-D.P.W. Pink-Pi	ublic File	lvory Card-Inspector	

,CQ	MMENTS	
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3/16/98 Angeleta	d New Soofing star is progress musical	Ked
esterior woll	is progress.	U
	mus	
10/9/98 Completed	! an	
980205		
980205 22-L-14	Inspection Record Type	Date
LL-L II	Foundation:	
	Framing: Plumbing:	
	Final:	

Other: _____