			PERMIT ISSUED							
City of Portland, 389 Congress Street		0			.1	Issue Date		CBL: 029 K	.001001	
Location of Construction:		Owner Name:			Owner Address:			Phone:		
85 Commercial St		Olympia Equity Investors Iv Llc			500 Main SV Bago PORTI 4 ND n/a					
Business Name:		Contractor Name:			Contractor Address: Phone					
n/a		Benchmark						2078742	2963	
Lessee/Buyer's Name n/a		Phone:	ľ		Permit Type: Building Miscellaneous			Lane:		
		n/a			—				<u> / / </u>	
Past Use: Office Space: Vacant for 6 months		Proposed Use: Commercial; Office Space. Interior Fit-up:Per Plans		Space. Interior	Perm	it Fee: Cost of We \$1,3 14.00 \$\frac{1}{2}\$215.0	00.00	CEO District:	1	
		2 ther			FIRE	E DEPT: Approved Denied	Use Grou	up: B/M	Туре: 3 🎝	
Duonassi Duoisat Dassin						130 PF	PREQUIREMEN	999 ITS ///		
Proposed Project Description: Interior Office Fit-Up: Per Plans - 2 14 Flan					Signature:			ignature formuel Holle		
					Actio		pproved w/C	Conditions	Denied	
					Signature:			Date:		
Permit Taken By: cih			plied For: /2001		Zoning Approval					
1. This permit appli	preclude the Special Zone or Re			ws	Zoning Appeal		Historic Pre	eservation		
Applicant(s) from meeting applicable State Federal Rules.			Shoreland			☐ Variance	[Not in District or Landma		
2. Building permits septic or electrical	السان		retland	nil.	Miscellaneous		Does Not Require Review			
3. Building permits within six (6) mo		☐ Flood Zone Sep> Subdivision		Een	Conditional Use		Requires Review			
False information permit and stop a	e a building			☐ Interpretation			Approved			
			☐ Si	te Plan		Approved		Approved w	v/Conditions	
			Maj [Minor MM		Denied		Denied La	ink.	
		Date:	5/3//01	late:		Date	Date: Supporter ver			
								PERMIT ISSUE TH REQUIREME		
I have been authorized jurisdiction. In additionshall have the authority	by the owner to on, if a permit fo	o make this appli or work described	med proication a	as his authorized application is is	e prop l agen sued,	posed work is authorize t and I agree to conforn I certify that the code on tour to enforce the prov	n to all app fficial's au	plicable laws othorized rep	s of this presentative	
such permit.										
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE		
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						DAT	 E	PHO	ONE	

completed.