| | | | | | PERMIT ISSUE | | | |
|--|--|---|---------------------------------|-----------------------------|---------------------------------|-----------------------------------|--|--|
| City of Portland, Main 389 Congress Street, 0410 | _ | | incation | ermit No: 01-02 | Issue Date 34 APR | :: C | CBL: 032 I012001 | |
| Location of Construction: | Owner Name: | Owner Name: | | er Address: | | P | lone: | |
| 11 Exchange St | Soley Joseph | Soley Joseph L | | 367 Box | CITY OF | PORTLA | ND 61-4444 | |
| Business Name: | Contractor Nam | Contractor Name: | | | ess: | | hone | |
| n/a | Mike Iosua | | | | lage Shapleigh | 2 | 2073293207 | |
| Lessee/Buyer's Name | Phone: | | | Permit Type: | | | Zone: | |
| n/a | n/a | n/a | | Miscellaneous | | | <u> </u> | |
| Past Use: Multi-Family Apartment | | damage. Call contractor when ready. | | | | | Areal | |
| | damage. Call | | | Approved | | | SPECTION: se Group: Type: | |
| Proposed Project Description: | I | | | | | | | |
| Rehab. Apartment from fire | | Signature: PEDESTRIAN ACTIVITIES DISTR | | Signature: TRICT (P.A.D. | • | | | |
| | | | | oved w/Conditions Denied | | | | |
| D. A. P. IF. | | | Sign | Signature: | | | Date: | |
| Permit Taken By: | Date Applied For: 04/02/200 1 | | | Zoning Approval | | | | |
| CIII | 0 11 02/2001 | Special Zone or Revi | | ews Zoning Appeal | | Hi | Historic Preservation | |
| | | Shoreland | | ☐ Variance | | | ☐ Not in District or Landmark | |
| | | Wetland | | Miscellaneous | | | Does Not Require Review | |
| | | ☐ Flood Zone | | Conditional Use | | | Requires Review | |
| | | Subdivisio | on | ☐ Interpretation ☐ Approved | | | Approved w/Conditions | |
| | | Site Plan | | | | | | |
| | Maj Minor MM | | ☐ Denied | | | Denied | | |
| | | late: A | 19P01 | late: | | Date: H | /12/01 JAH | |
| I hereby certify that I am the I have been authorized by the jurisdiction. In addition, if a shall have the authority to en such permit. | e owner to make this app permit for work describe | amed property, lication as his a ed in the applic | nuthorized ageration is issued. | nt and I ag , I certify | ree to conform that the code of | to all applica ficial's author | able laws of this rized representative | |
| SIGNATURE OF APPLICANT | | ADDRESS | | DATE | | TE | PHONE | |

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE

DATE

Holy done, alma