

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

Permit No: 960169

PERMIT ISSUED

Permit Issued:

MAR 14 1996

CITY OF PORTLAND

Zone: CBL: *32 I 33*

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

PERMIT ISSUED WITH LETTER

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

CEO DISTRICT 3