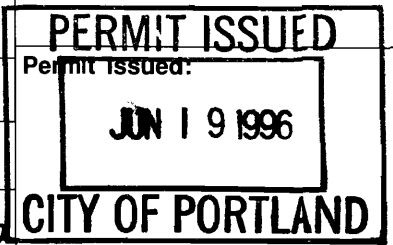


Location of Construction: 770 Monument Square - 3th flr		Owner: 2212155 Apt		Phone: 84807	
Owner's Address: 770 Monument Sq - 3rd flr		Leasee/Buyer's Name: 2212155 Apt		Business Name:	
Contractor Name: Renaissance Co		Address: 31 Hill St - 10 Vermont St		Phone: 84807 827-4961	
Past Use: office bldg		Proposed Use: office bldg + intr renovtas		COST OF WORK: \$ 1510	
				PERMIT FEE: \$ 45	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group <u>B</u> Type <u>3B</u> <u>000893</u>	
Proposed Project Description: interior renovations - 3rd flr		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
Permit Taken By: <u>2212155</u>		Date Applied For: <u>6/11/96</u>		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
				Signature: _____ Date: _____	

Permit No: **960589**



Permit Issued:
JUN 19 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

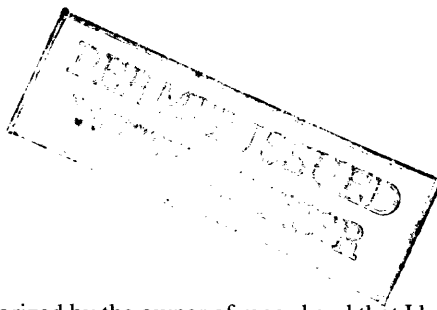
Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: _____



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: _____

