Location of Construction:	Owner:		Phone:	Permit No. 7 0 3 9 0
i Tray Centra	e to the second	• •		
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	DEDMIT ICCUED
	restriction & the second	* 4 4		PERMIT ISSUED
Contractor Name:	Address:	Pho	ne:	Permit Issued:
Date and projection of		COST OF WO	RK: PERMIT FEE	
Past Use:	Proposed Use:	\$ 154.50		
· 1 = c	141		YApproved INSPECTION Denied Use Group:	Type: - CITY OF PORTLAND
			Signature:	Zone: CBL:
Proposed Project Description:		Signature: PEDESTRIAN	ACTIVITIES DISTRICT (Zoning Approval:
3				
in tion to be apply of		Action.	Approved with Conditions:	□ Special Zone or Reviews: □ □ Shoreland
				□ □ Wetland
a carella linear				□ Flood Zone
		Signature:	Date:	□Subdivision
Permit Taken By:	Date Applied For:	- 100 - 100g		□ Site Plan maj □minor □mm □
		<u></u>		Zoning Appeal
1. This permit application does not prec	lude the Applicant(s) from meeting applicab	le State and Federal rules	5.	□Variance
2. Building permits do not include plumbing, septic or electrical work.				☐ Miscellaneous ☐ Conditional Use
	not started within six (6) months of the date o	f issuance False informa	_	□Interpretation
tion may invalidate a building permi		1 Issuantee 1 uise imerina		□Approved
,	1			□Denied
			WITH REQUIREMENT	Historic Preservation
			MITHURAL ICA	□ Not in District or Landmark
			" AEQUID SUED	□ Does Not Require Review
			TEMEN	☐ Requires Review
			PERMIT ISSUED WITH REQUIREMEN	Action:
	CERTIFICATION			□Appoved
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,				have been Approved with Conditions
	dication as his authorized agent and I agree t leation is issued, I certify that the code offici-			i addition,
1	onable hour to enforce the provisions of the	•	-	Date:
			2	
¥	5	DATE:	· or r	
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE C	OF WORK, TITLE		PHONE:	CEO DISTRICT
	Vhite–Permit Desk Green–Assessor's	Canani D.DW. Dieli D	hublia Fila I haara Cand I	
V	viiile-rermit desk Green-Assessor's (Canary-D.P.W. Pink-P	ublic rile lyory Card-Inst	Decior