Location of Construction: Owner:			Phone:	Permit No: 9 8 0 9 8 5	
Owner Address:	Lessee/Buyer's Name:	Phone:	Busines	sName:	PERMIT ISSUED
and the late of the Health	est o blowart	- In	L		Permit Issued:
Contractor Name:	Address:	Photo	ne:	7 68"	SEP - 1 1998
Past Use:	Proposed Use:	COST OF WOL	RK:	PERMIT FEE:	JLP 1 (997)
i dat Osc.	Troposed osc.		\$ 40,000 \$		
· ·	వి. ి జ	L			CITY OF PORTLAND
			Denied	INSPECTION: Use Group: Type:	
		_		ose croupz Type.	Zone: CBL: 63V-01.
		Signature:	4447	Signature:	
Proposed Project Description:	Zoning Approval:				
		Action:	Approved	□ Special Zone or Reviews:	
人名斯 公司 网络凯奇斯尼克亚科维亚	Ira Liour		Approved	with Conditions:	☐ ☐ Shoreland
			Denied		□ □ Wetland
					☐ Flood Zone
		Signature:		Date:	☐ Subdivision
Permit Taken By:	Date Applied For:	te Applied For:			□ Site Plan maj □minor □mm □
					Zoning Appeal
1. This permit application does not prec	lude the Applicant(s) from meeting applicat	ole State and Federal rules	3.		□ Variance
2. Building permits do not include plun					□ Miscellaneous
	• .				□ Conditional Use
	ot started within six (6) months of the date of	of issuance. False informa			□ Interpretation
tion may invalidate a building permi	and stop all work				☐ Approved☐ Denied
			PERMI	TISSUED JIREMENTS	Historic Preservation
	□Not in District or Landmark				
	☐ Does Not Require Review ☐Requires Review				
					Errequites Review
					Action:
	CERTIFICATION				□Appoved
I hereby certify that I am the owner of reco	ord of the named property, or that the propos		the owner of	record and that I have b	###·
	lication as his authorized agent and I agree				
if a permit for work described in the appli	cation is issued, I certify that the code offic	ial's authorized representa	ative shall ha	ve the authority to ente	r all
areas covered by such permit at any reason	enable hour to enforce the provisions of the	code(s) applicable to suc	h permit	•	Date:
		To august 1986			The same of the same
	ADDRESS:	DATE:		PHONE:	- The state of the
SIGNATURE OF APPLICANT					
SIGNATURE OF APPLICANT					
SIGNATURE OF APPLICANT RESPONSIBLE PERSON IN CHARGE OF				PHONE:	CEO DISTRICT

COMMENTS

			much Shay Pallin
Type Foundation: Framing: Plumbing: Final:			In place No pro
Cord Date			