

Location of Construction:		Owner:		Phone:	Permit No: <b>961139</b>
Owner Address:		Leasee/Buyer's Name:		Phone:	Business Name:
Contractor Name:		Address:		Phone:	
Past Use:		Proposed Use:		COST OF WORK: \$	PERMIT FEE: \$
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:
				Signature:	Signature:
Proposed Project Description:		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)		Zoning Approval:	
		Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By:		Date Applied For:		Zone: CBL: <b>32-V-018</b>	

**PERMIT ISSUED**  
 Permit Issued:  
 NOV 19 1996  
**CITY OF PORTLAND**

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..

**PERMIT ISSUED  
WITH REQUIREMENTS**

**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

Action:

Approved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

CEO DISTRICT