Location of Construction:	Owner:	or a super of	Phone:	Permit N9 5 0 5 5.7
Owner Address:	Leasee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name: Address:		Phon	e:	Permit Issuea:
Past Use:	Proposed Use:	COST OF WOR		JUN - 2 1995
4-1-20	l/renowations	FIRE DEPT.	Approved INSPECTION: Use Group 2 Type	CITY OF PORTLAND
			Hym Signature: HAR	CBL., 33. C(.)
Proposed Project Description:			ACTIVITIES DISTRICT (P/)/	Zoning Approval:
en entrokytrebes ne veren Sections			Approved Approved with Conditions: Denied	☐ Special Zone or Reviews: ☐ Shoreland ☐ Wetland
of services of the first services		Signature:	Date:	☐ Flood Zone ☐ Subdivision
Permit Taken By:	Date Applied For:		Date:	☐ Site Plan maj ☐ minor ☐ mm ☐
Territe Taken By.	Bute Applied For.	36 Page 1945		Zoning Appeal
3. Building permits are void if work is not startion may invalidate a building permit and starting to the starting permit and starting permits are void if work is not starting and starting permits are void if work is not starting and starting permits are void if work is not starting and starting permits are void if work is not starting and starting permits are void if work is not starting and starting permits are void if work is not starting permit and starting permits are void if work is not starting permits are void if work is not starting permits and starting permits are void if work is not starting permits and starting permit and starting permits are void in the permit and starting permit are void permit and starting permit and starting permit and starting permit are void permit and starting permit and s	stop all work		WITH REQUIREMENTS	☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied Historic Preservation ☐ Not in District or Landmark
in i tor ant bedi k ira 1335 massimo at	Him	ERMIT ISSUED REQUIREMENTS	THE DECLUSION	☑ Does Not Require Review ☐ Requires Review
360501, 5 0440 5-2-565	` :	MENTS	MEMENTS	Action:
	CERTIFICATIO		****	□ Appoved
I hereby certify that I am the owner of record of authorized by the owner to make this application if a permit for work described in the application areas covered by such permit at any reasonable	the named property, or that the propon as his authorized agent and I agre n issued, I certify that the code office	osed work is authorized by the to conform to all applicable all's authorized representations.	le laws of this jurisdiction. In add ive shall have the authority to ent	been Approved with Conditions Denied
		W. Asy 1995		
SIGNATURE OF APPLICANT RECEIVED A CO	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WO	DRK, TITLE		PHONE:	CEO DISTRICT
White-	Permit Desk Green–Assessor's	Canary-D.P.W. Pink-Pเ	ublic File Ivory Card-Inspecto	w#9 9

COMMENTS

10-29-96	SKy L. 9/179	11) - 4	171	Fire	C1/ 162	5-96 9
		1/2				
		_///llv //	U 1	rstall	475	Cylinger
	(193		of Affinition	MK	wy	
		Bla	why is	iacm	<i>- U</i>	
	1-2496 Re with	Earl Hodgash			Inspection Record	
/	1-2496 Re with work in Brogn by to shee trock, you	en on 3 no	Foundation	Type		Date
Nead	y to steenock, and	Wing.	Framing: _ Plumbing:			
	3/96 6	ouner st	Final:	1+211	T/ocks	
	/ (in	orling on	in inve	There		