Location of Construction:	Owner:		Phone:	Permit No: 9 8 0 2 3 6
1 . OFE 1500 DA	SCI WER PORTE			
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Control No.	People's deritage	Discourse	<u> </u>	Fermil Issued:
Contractor Name:	Address:	Phone exact branch, 18 34	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Past Use:	Proposed Use:	COST OF WORK		E: MAR   8 1998
	Troposta con	\$ 1.500.00	\$ 30.00	)
	Course	FIRE DEPT. ET A	Approved INSPECTIO	N: (CITY OF PORTLAND
N. V. ŠCA			Denied Use Group: ¿	roup: Typel 7
Decreed Decise Description			12 × 4 /	Zone: CBL:
			Signature: 7	
Proposed Project Description:  PEDESTRIAN ACTIVITIES DISTRICT (P/A)				(F.A.D.)
			* *	
Approved with Conditions:  Denied			_	
		L	Denied	□ □ Wetland □ □ Flood Zone
		Signature:	Date:	□ Subdivision
Permit Taken By:	Date Applied For:	Signature.	Date.	☐ Site Plan maj ☐minor ☐mm ☐
1 Crimic Taken By.	Date Applied 1 of.	ly Parch 1998		
				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance □ Miscellaneous
2. Building permits do not include plumbing, septic or electrical work.				□ Conditional Use
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				□ Interpretation
				☐ Approved
, F F			*	□ Denied
				Historic Preservation
			WITH REQUIREME	DNot in District or Landmark
			WITHERMIN	☐ Does Not Require Review
			17 AFO. 150.	☐ Requires Review
			(V/P20/)	ED Action.
			CME	Action:
	CERTIFICATION	1	``	√/S □ 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				I have been ☐ Approved with Conditions
authorized by the owner to make this appli	cation 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 applic	ation is issued, I certify that the code office	cial's authorized representati	ve shall have the authority	y to enter all
	nable hour to enforce the provisions of the	e code(s) applicable to such	permit	Date:
areas covered by such permit at any reasor				
		12 2211 123	Ç.	
	ADDRESS:	DATE:	PHONE:	
areas covered by such permit at any reasor	ADDRESS:		•	
areas covered by such permit at any reasor			•	CEO DISTRICT