Location of Construction:	Owner:	Owner:		1. 444m6	Permit No: 980365	
Owner Address:	Lessee/Buyer's Name:	Phone:	Business			
a distribution of the second	Lessee/Buyer s Name.	Thone.	Businessi	vaine.	PEDMIT ICOUED	
Contractor Name:	Address:	Pho	ne:		Permit Issued: ISSUED	
Solitation Frame.	Address:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	95-47.29			
Past Use:	Proposed Use:	COST OF WO		PERMIT FEE: \$	APR 5 998	
v → 1 v g · v j	1 - 1 at 1 at				+	
		FIRE DEPT.	Approved	INSPECTION:	CITY OF PORTLAND	
		-	Denied	Use Group: 7 Jlype: 7	Zone: CBL:	
		C:	,	1000 95 DD	133 39-A-14	
Proposed Project Description:		Signature:		Signature:	Zoning Approval:	
Troposed Project Description.	PEDESTRIAN ACTIVITIES DISTRICT (P.A.)			The second of th		
		Action:	Approved		Special Zone or Reviews:	
Carlos Columbia Distriction			th Conditions:	_ Libroreland		
			Denied		- D Welland	
		Cianatura		Data	☐ Flood Zone ⁷ ☐ Subdivision	
Domesit Tolson Dec	Data Applied For	Signature:		Date:	☐ Site Plan maj ☐minor ☐mm ☐	
Permit Taken By:	Date Applied For:					
· 					Zoning Appeal	
1. This permit application does not pre	clude the Applicant(s) from meeting applicab	ole State and Federal rules	s.		□Variance	
2. Building permits do not include plu	umbing sentic or electrical work				☐ Miscellaneous	
		C: E1 : C			☐ Conditional Use	
	not started within six (6) months of the date of	of issuance. False informa	1 -		□Interpretation	
tion may invalidate a building perm	nit and stop all work				☐ Approved☐ Denied	
					Delifed	
	Mario Securi				Historic Preservation	
			^	r-		
	\hat{f}	PERMIT ISSUED WITH REQUIREMENTS			☐ Does Not Require Review	
					☐ Requires Review	
				LYUIKEMENTO		
				-11/3	Action:	
	CERTIFICATION				□Appoved	
Lhereby certify that I am the owner of rea	cord of the named property, or that the propos		the owner of re	cord and that I have been	1 ' '	
	plication as his authorized agent and I agree				1	
	lication is issued, I certify that the code office				,	
	sonable hour to enforce the provisions of the			the dumonty to enter un	Date:	
areas covered by buen permit at any reac	some so in the chief the provisions of the	To actor applicable to suc	permit		e '	
Samuel		1			İ	
•		<u> </u>	1	,	_	
SIGNATURE OF APPLICANT	ADDRESS:	DATE:]	PHONE:		
RESPONSIBLE PERSON IN CHARGE	- CEO DISTRICT					
ALL ON GIBERT ENGOTY III CIMMOD	or om, iiibb		•	PHONE:	CEO DISTRICT	
,	White-Permit Desk Green-Assessor's	Canary-D.P.W. Pink-F	Public File Iv	ory Card-Inspector	<u> </u>	

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4/24/98	Congleted,	Colo	is	not	called ofn.	92
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	-					
						
	_					
				Type	Inspection Record	Date
			Foundation:	Туре		
			Framing:			
			Final: Other:			