14 YOTH ST		Phon	C.	
	i.B. Aruw			Permit N 9 6 0 7 2 2
Owner Address:	Leasee/Buyer's Name: Stonecoade Areaing Co.		nessName:	PERMIT ISSUED
tractor Name: Address: Phone:		Permit Issued:		
sailt ether	10 buttockood Sc. Ftle, Nr. 04106 793-1183		111 2 A 1006	
Past Use:	Proposed Use:	COST OF WORK:	PERMIT FEE:	JUL 2 4 1996
M		\$	\$ 26.95	
keatourast/prewing huc.	製物数率	FIRE DEPT. □ Approve	d INSPECTION:	CITY OF PORTLAND
		☐ Denied	Use Group: Type:	
				Zone: CBL:
		Signature:	Signature:	
Proposed Project Description:		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)		Zoning Approval:
		Action: Approved		Special Zone or Reviews:
Erode Signaye	Approve	Approved with Conditions:		
たたなにも、でえられ 器 設度		Denied		☐ Shoreland :
		•	.•	☐ Flood Zone 🏄
		Signature:	Date:	☐ Subdivision
Permit Taken By: Sary Gresik	Date Applied For:	v i dely 1996	•	☐ Site Plan maj ☐ minor ☐ mm ☐
				Zoning Appeal
1. This permit application doesn't preclude the	e 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
				☐ Denied
		1		Historic Preservation
PERMIT ISSUED WITH LETTER				Not in District or Landmark
				☐ Does Not Require Review
				☐ Requires Review
				Action:
CERTIFICATION				☐ 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				
authorized by the owner to make this application				''
if a permit for work described in the application				all "
areas covered by such permit at any reasonable			to the dumently to enter	Date:
* * * * * * * * * * * * * * * * * * *	Francisco de la constante de l		1	
$\lambda_{ij} = \lambda_{ij} + \lambda_{ij}$		63 mly 1996		1
OVONATIVE OF A PRIVACA NITE	, ADDREGO	· ·		_
SIGNATURE OF APPLICANT Train cuit	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:				CEO DISTRICT
	,			OLO DISTRICT