City of Portland, Mair	ne - Builo	ding or Use l	Permi	t Application	n	Permit 110.	Issue Date	:	CBI.:	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-87					6	01-1103	įŧ	,	049 B0	01001
Location of Construction: Owner Name:						Owner Address:			Phone:	
0 Deering Oaks Park City of Portland				ıd		Deering Oaks park				
Business Name: Contractor Name			:		Contractor Address:				Phone	
n/a Paramont Ten			ts		5030 Rockdale Street Brook, Oreg			Oregor	on 9178554396	
Lessee/Buyer's Name Phone:					Permit Type:				Zone:	
n/a n/a		n/a			Tents					
Past Use: Proposed Use:		Proposed Use:	-		Pe	Permit Fee: Cost of V		k: CEO District:		
x 20' c canopy cereme		Park / One 10'	1 .				\$0.00			
			20' canopy and one 20' x 20'		FIRE DEPT: Approved		INSPECTION:			
		canopy; for vaccine ride - closing ceremonies. Install September 9,				Denied	Use Gr	oup:	Fype:	
			:00 am - 7:00pm.					19	ERMIT 1550	RENTS
Proposed P						011	1	17111	REQUIRE	
Proposed Project Description:						Simon / / M//		With	Use Group: PERMIT ISSUED PERM	
Erect 3 Canopy Tents				Signature: // /// PEDES PALAN MC TAYIT			// -	W. 77		
						4/19	11/12	v		
					Ac	ction: Approx	edy W/LApi	oroved w/	Conditions	Denied
					ignature:			Date:		
Permit Taken By: Date Applied For:			Zoning Approval							
gg	09/06/	09/06/2001								
			Special Zone or Revie		ws Zoning Appeal Variance			Historic Preservation		
								Not in District or Landmar		
			Wetland			Miscellaneous			☐ Does Not Require Review	
			Flood Zone			Conditional Use			Requires Review	
			Subdivision			Interpretation			Approved	
			Site Plan		Approve	Approved		Approved w/Conditions		
			Maj Minor MM			Denied			Denied	
			Maj Minor Min						Beinea	
			Date:		Date:		Dί	Date:		
								a TIW	DERMIT ISSI TIL REQUIRE	JED MENTS
I hereby certify that I am the I have been authorized by the jurisdiction. In addition, if a shall have the authority to en such permit.	e owner to permit for	make this appli work described	med pro cation a d in the	as his authorized application is is	ne p l ag sue	ent and I agree ted, I certify that t	co conform the code of	to all ap ficial's a	oplicable laws outhorized repr	of this esentative
SIGNATURE OF APPLICANT				ADDRESS	8		DATE		РНО	NE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE