Location of Construction: Owner:		,	Phone:		Permit No 9 8 0 9 5 0	
to real Lestane Bosel El	2.82 12.420	<u> </u>		774 - 5900		
Owner Address:	Lessee/Buyer's Name:	Phone:	Busines	ssName:	PERMIT ISSUED	
Ac. Cospicers St. (1410)	Switt As but have				Perinit Issued:	
Contractor Name:	Address:	Phon				
TOTAL FOR CONSTITUTION		(14, 17 (410) 797-7417			AUG 2 6 1998	
Past Use:	Proposed Use:	COST OF WOR		PERMIT FEE:		
	Milians				OLTY OF DODTI AND	
Collect Varate		FIRE DEPT. Approved		INSPECTION: Use Group: Type:	CITY OF PORTLAND	
			☐ Denied		7	
			1 14.		Zone: CBL:	
Proposed Project Description:			147	Signature:	Zoning Approval:	
Proposed Project Description.		PEDESTRIAN A				
		Action: Approved			_ Special Zulle of Neviews.	
X - F CONTENNAC Bystem					☐ Shoreland	
A COULT WERE BYBLES			Denied	□ Wetland		
		G:		D.	☐ Flood Zone ☐ Subdivision	
D '.T.I D	D. A. P. LE	Signature:		Date:	☐ Site Plan maj ☐minor ☐mm ☐	
Permit Taken By: SF	Date Applied For:	16 Adeust 196	i.		Lotte Flatt maj Emiliot Emilio	
					Zoning Appeal	
1. This permit application does not preclud	le the Applicant(s) from meeting applicable	e State and Federal rules.			□Variance	
2. Building permits do not include plumbi	☐ Miscellaneous					
- · · · · · · · · · · · · · · · · · · ·	☐ Conditional Use					
	started within six (6) months of the date of	issuance. False informa-	•		☐ Interpretation ☐ Approved	
tion may invalidate a building permit a	□ Denied					
					Historic Preservation	
	☐ Not in District or Landmark					
	☐ Does Not Require Review					
			WITE	PMITIO	☐ Requires Review	
			.//H	FPMIT ISSUED REQUISIONENTS	Action:	
				Office .	, tottom.	
	□Appoved					
I hereby certify that I am the owner of record	n Approved with Conditions					
authorized by the owner to make this applica						
if a permit for work described in the applicat				ave the authority to enter a	II Deter	
areas covered by such permit at any reasona	ble hour to enforce the provisions of the c	ode(s) applicable to such	n permit		Date:	
		lr august 195	# F -			
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	_	
RESPONSIBLE PERSON IN CHARGE OF	WORK, TITLE			PHONE:	CEO DISTRICT	
1A/L:	te-Permit Desk Green-Assessor's C	anan/_D DW Dink D	ublic Eile	Ivony Card_Inspector		
VVIII	LE-FEITHL DESK GIECH-M33633013 C	ranaly-D.F.#W. FIIIK-FI	UDIIC FIIC	ivory card-mopector		

COMMENTS									
	9.28.71	HYP	1/1/2/:	Bar	Ater	Constant	_		
									
									
						Inspection Record			
					Type		Date		
				Foundation	n:				
				Final:					
				Other:					