City of Portland, M	Taine - Building or Use	Permit Application		RMIT ISSUE	CBL:				
	04101 Tel: (207) 874-870			SEP 3 0 2002	066 D001001				
Location of Construction:	Owner Name:		Owner Address: Phone:						
349 Park Ave	HP Hood &		90 Evereji Av	ומי					
Business Name:		ntractor Name:		Contractor Address:					
Center Line Construction, Inc. essee/Buyer's Name Phone:			P.O. Box 126	4 Portland	2078653300				
Lessee/Buyer's Name		Permit Type: Additions - C	Commercial	Zone:	И				
Past Use:	t Use: Proposed Use:			Permit Fee: Cost of Work: CEO District:					
H.P. Hood Dairy	H.P. Hood Da	H.P. Hood Dairy		\$205.00   \$25,500.00   3					
			FIRE DEPT:	Approved INS	SPECTION:	_			
				Denied Us	se Group: Type:	)			
					\(\rightarrow\)	/			
Proposed Project Descriptio	n: ſ	V				_			
Construct OSHA Safety	Fall Protection - with	ior work	Signature:	siz MMAC	gnature /				
			PEDESTRIAN A	CTIVITIES DISTRIC	CT (P.A.D.)	_			
			Action: A	pproved Approve	ed w/Conditions Denied				
			Signature:		Date:				
Permit Taken By: gad	<b>Date Applied For:</b> 09/11/2002		Zon	ing Approval	***************************************	_			
<del></del>		Special Zone or Revi	ews 2	Coning Appeal	Historic Preservation				
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		iance	Not in District or Landman				
2. Building permits do septic or electrical	o not include plumbing, work.	☐ Wetland		cellaneous	Does Not Require Review				
3. Building permits are void if work is not started within six (6) months of the date of issuance.		☐ Flood Zone	_ Con	Conditional Use Requires					
False information n permit and stop all	nay invalidate a building work	Subdivision	☐ Inte	rpretation	Approved				
		Site Plan	□ Арг	proved	Approved w/Conditions				
		Maj Minor Mi	Den	ied	☐ Denier				
		Date: 0 L	Date:		Date:				
			11111			_			
		CERTIFICAT	ION						
I hereby certify that I am	the owner of record of the na	med property, or that t	he proposed wor	k is authorized by	the owner of record and tha	ıt			
I have been authorized b	y the owner to make this appl	ication as his authorize	d agent and I age	ree to conform to a	Il applicable laws of this				
shall have the authority t	if a permit for work describe o enter all areas covered by su	u in the application is i ich permit at any reaso	ssued, I certify the	hat the code officia force the provision	It's authorized representative of the code(s) applicable in	e in			
such permit.		,		and provision	- 11 me todo(s) applicable				
SIGNATURE OF APPLICAN	ır	ADDRES	s	DATE	PHONE	_			
				· <del>-</del>					
RESPONSIBLE PERSON IN	CHARGE OF WORK, TITLE			DATE	DUONE	_			

Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

Permit Number: 021045

of buildings and structures, and of the application on file in

provided that the person or persons, of the provisions of the Statutes of I		m or expration ine and of the		ep	ting this permit shall comply with all es of the City of Portland regulating
AT 349 Park Ave					066 D001001
has permission to	Construct OSHA Safety Fall	otection			
This is to certify that	H P Hood & Sons Inc/Cente	ne Cons	Inc.		

provided that the person or persons, of the provisions of the Statutes of the construction, maintenance and u this department.

Apply to Public Works for street line and grade if nature of work requires such information.

ication insped ı must g and w n permis n procu b e this I dina o t thered la d or d losed-in. R NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS Fire Dept. ANNV Health Dept. **Appeal Board** Other \_ Department Name

PENALTY FOR REMOVING THIS CARD

02-1045

## All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction:	to Par			
		Aus Pont		<u>Lø.</u>
Total Sayare Footage of Proposed Structu	ne squ	uare Footage of I	<b>.</b> OT	
Tax Assessor's Chart, Block & Lot Chart# 66 Block# Lot#	349 Pm	2 H00) C K BIE LE. 04		Telephone:
Lessee/Buyer's Name (If Applicable)	20.6	e, address & F=175cL2 C POX 175cf 4-), 2=04	0-07. W	ost Of ork: \$ <u>25.500</u> e: \$ 005.00
Current use: Dairy				
if the location is currently vacant, what wo	ıs prior use:	م/در		<del>-</del>
Approximately how long has it been vaça	int:/	A		<u>.</u>
Proposed use: A.A. Project description:	Osha	FOOD F	- Ce ote	ction
Contractor's name, address & telephone: Who should we contact when the permit I Mailing address: We will contact you by phone when the p review the requirements before starting an and a \$100.00 fee if any work starts before	ermit is ready. You work, with a Pla	ou must come in an Reviewer. Ass	and pick	up the permit and
F THE REQUIRED INFORMATION IS NOT INCLUDENIED AT THE DISCRETION OF THE BUILDING NFORMATION IN ORDER TO APROVE THIS PER thereby certify that I am the Owner of record of the not ave been authorized by the owner to make this application. In addition, if a permit for work described in a call have the authority to enter all areas covered by the other permit.  Signature of applicant	PLANNING DEPARMIT.  Imed property, or that cation as his/her authors this application is issues.	THE OWNER OF THE OWNER OWNER OF THE OWNER	REQUIRE authorizes to conform	ADDITIONAL  he proposed work and that I to all applicable laws of this ti's authorized representative
This is NOT a permit, you may no you are in a Historic District you ma Planning Depar	,	, aaa		PERIL OF BUILDING INSPECT

