City of Portland, !		_				mit No:	I cross (bate	e:	CBL:		
389 Congress Street,			, Fax:	(207) 874- <b>8</b> 71		09-0940	<u></u>		116 D0	01001	
Location of Construction: Owner Name:					Owner Address:				Phone:		
		DESPINA & THEOD									
Business Name: Contractor Name Your Grandma's Place		<b>:</b>		Contractor Address:				Phone			
Lessee/Buyer's Name				<del>-</del>	Donu.is	т				Ta	
Lessee/Suyer's Name  Phone:  David Casvikes		■C;			Permit Type: Alterations - Commercial					ĽŔ'n L	
Past Use:				<u> </u>				. 10			
Commercial Restaurant Commerc Grandma			Restaurant "Your		Permit	\$270.00	Cost of Wor		O District:		
		Grandma's Place" - interior renovations		VIDE OFDY.				CTION			
					* See Conditions +			10	Group AZ Type: SB DBK-2003		
Proposed Project Description: Constructed Restaurant "Your Grandma's Place" - inter-				rior renovacions		Signature: KG Sig			mature: MB 9/24/9		
					PEDESTRIAN-ACTIVITIES DISTRICT			IRICT (P.4	L(L*TD() ( (		
					Action	11 - 41	ed 🗌 Apy	proved w/Co		Denied	
Permit Taken By: Date Applied For:			<del></del> -		Signature:				Clarks		
Ldobson				Zoning Approval							
This permit application does not preclude the			Spe	cial Zone or Revie	Zoning Appeal			Historic Preservation			
Applicant(s) from meeting applicable State and Federal Rules.			Shoreland			∐ Variance		Z	Destrict or Landmark		
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> </ol>			∫ Wotland			Miscellanana			Does Not Require Review		
<ol> <li>Building permits are void if work is not started within six (6) months of the date of issuance.</li> </ol>			∏គ	ood Zone		Conditional Use			Requires Review		
False information permit and stop all	may invalidate a ba l work	ilding		bdivision		[] Interpreta	, III		Approved		
		-1	∐ Sit	e Man	Ì	<u>  </u> Аррпека	1		Approved wit	Conditions	
PERMIT ISSUED			Mag [	Minot MM				□ Denied			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1	DRY.	WUNCO	$\mathcal{T}^{\bullet}$	Date:		Date	ح	$\sim$	
SEP				1 - S	13/10	9		<b>,</b>			
CITY OF	PORTLAMO										
-			C	ERTIFICATION CONTRACTOR CONTRACTO	ON						
hereby centry that I ar have been authorized i urisdiction. In addition thall have the authority such permit.	by the owner to mai t, if a permit for wo	ce this appli rk describe	ication a d in the	s his authorized application is is	i agent sued, i	and I agree to certify that t	o conform he code of	to all appl ficial's aut	licable laws o borized repro	of this esentative	
SIGNATURE OF APPLICA	NT			ADDRESS	5		DATE	<u> </u>	ORS	NE .	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE							DATE		РНО		

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12-7-09 OK- auglin glande (ATT) some only.

12-18-09 OK- auglin also (Robelformale) he by

5-11-10 Hood rot up shows, coole both hours some and mount on but

SIGN?

Elec dc

OK to 1564