•	*	- Building or Use			Permit No:	Issue Date:	CBL:
	•	Tel: (207) 874-8703	, Fax: (207) 874-8	3716	2013-01225		159 G001001
Location of Construction: 427 OCEAN AVE		Owner Name: CITY OF POR	Owner Name: CITY OF PORTLAND		er Address: CONGRESS S 01	Phone:	
Business Name:			Contractor Name: Sargent Corporation		ractor Address: Bennoch Rd St	Phone (207) 944-3602	
Lessee/Buyer's Name		Phone:	Phone:		it Type: w Commercial S	Structure	Zone: R3 R5 ROS
Past Use:	:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work		CEO District:
Public City Park: Payson Park/ Baxter Boulevard R.O. W.		install CSO Co	Same Use: Public City Park - to install CSO Control Station for Baxter Blvd North Storage Conduit		\$60,000.00 5 INSPECTION:		
Install		crete control building to					
	•	lraulic equipment for sli	_	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
SCAD.	A equipment - Red Bri	ck veneer siding and fla	II rooi	Action: Approved Approved			red w/Conditions Denied
				Signature:			Date:
Permit T ldobso	aken By: on	Date Applied For: 06/13/2013		Zoning Approval			
1. Th	is permit application d	oes not preclude the	Special Zone or R	eviews Zoning Appeal		ing Appeal	Historic Preservation
Ap		ag applicable State and	Shoreland		☐ Varian	ce	Not in District or Landman
	ailding permits do not in potic or electrical work.	☐ Wetland		Miscel	laneous	Does Not Require Review	
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			Flood Zone		Condit	ional Use	Requires Review
			Subdivision		Interpr	etation	Approved
			Site Plan		Approv	ved	Approved w/Conditions
			Maj Minor MM		Denied	I	Denied
			Date:		Date:		Date:
I have b jurisdic	een authorized by the tion. In addition, if a p ve the authority to ente	owner to make this appleermit for work describe	lication as his authord in the application	nat the rized a is issu	proposed work agent and I agre aed, I certify tha	e to conform to	y the owner of record and tha all applicable laws of this ial's authorized representative on of the code(s) applicable to
SIGNAT	TURE OF APPLICANT		ADDI	RESS		DATE	PHONE
RESPON	ISIBLE PERSON IN CHAR	GE OF WORK, TITLE				DATE	PHONE