	PERMIT ISSUED														
City of Portland, N 389 Congress Street,		_			*	ut No: 01-11	79		e Date	92	1001	CBL:	A02	0001	
Location of Construction: Own		Owner Name:	wner Name:			Owner Address									
485 Brighton Ave We		Welton, Theod	Welton, Theodore and Tara			Owner Address 485 Brightor CLTY OF PORTLA 200228.5175									
Business Name:		Contractor Name:			Contractor Address: Phone										
		no contractor/self			n/a n/a										
Lessee/Buyer's Name		Phone:			Permit Type:						Zone:				
				1	Altera	itions -	Dwe	lling	S					R-5	
Past Use: Proposed Use:					Permit Fee: Cost of Work:						CEO District:				
single family		single family / renovate kitche adding half bathroom		te kitchen and	\$54.00 FIRE DEPT:			Appr	\$5,00 oved	00.00 INSPI	ECTIO	3 ON:			
				Denied Us						se Group: $2 - 3$ Type: $5B$					
Proposed Project Description:					- N/A						BCCA 1999 Signature: T. MWnser				
renovate kitchen and a			Signature:					Signa	Signature: T. MWNSc==						
					PEDESTRIAN ACTIVITIES DISTRI						CT (P.A.D.)				
					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						Conditions Denied				
					Signature:						Date:				
Permit Taken By:	1 1					Zoning Approval									
dgc	10/1	9/2001													
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			<u> </u>	ecial Zone or Review	ws Zoning Appeal  Variance				eal		Historic Preservation  Not in District or Landmark				
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> </ol>			Wetland			Miscellaneous					Does Not Require Review				
3. Building permits are void if work is not started within six (6) months of the date of issuance.			☐ FI	ood Zone		Conditional Use					Requires Review				
False information permit and stop al	a building	building Su		Interpretation				1			Approve	Approved			
			Si	te Plan		_ Ar	prove	d				Approve	ed w/C	onditions	
Slosed i carned				Minor MM		Denied				Denied				/	
in 6 Drie			Date: 10 /1/01			Date: 10/17/01					Date: 10 //1/0/				
I hereby certify that I as I have been authorized jurisdiction. In addition shall have the authority such permit.	by the owner to a, if a permit for to enter all are	o make this appl or work describe	med proication d in the	as his authorized application is is nit at any reason	ne propo l agent a sued, I d nable ho	and I as	gree t that t	o cor he co	ode of	to all ficial's ision c	applio auth	cable l orized code(s	aws o repre	of this esentative elicable to	
SIGNATURE OF APPLICANT				ADDRESS			DATE					PHONE			
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						DATE						PHONE			

White - Clast in wife - CK to your me Files with congetited a appears to med conditions is permet. The Charact Plymit # CH 270

CACH FOR ALL