Location of Construction:		Owner:	cland	Phone:		Permit No: 9 6 1 2 2 3
Owner Address	S:	Leasee/Buyer's Name:	Phone:	Busine	ssName:	PERMIT ISSUED
Contractor Name:		Address:				Permit issued.
No. of T.T.	MosKraft Signs	686 Main St Lev	COST OF WO		PERMIT FEE:	DEC 1 3 1996
ast Use:		Proposed Use:	\$	KK.	\$ 45.60	525 . 6 1550
	Jetport	Same	FIRE DEPT.	1 Approved		CITY OF DODTI AND
				Denied	Use Group: Type:	CITY OF PORTLAND
		w/signage		. Domes	-100	Zone: CBL:99 A 001
	•		Signature:	California .	Signature:	Zaning Annuaval
Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)						Zoning Approval:
			Action:	Approved	01	Special Zolle of Reviews.
	Erect signage total	110c 103 Sc 2c			with Conditions:	☐ Shoreland
	salve bagness sucas	result and od ac		Denied		
			Cianatura		Date:	☐ Flood Zone ☐ Subdivision
Domnit Takan I	D	Date Applied For:	Signature:		Date.	☐ Site Plan maj ☐ minor ☐ mm
Permit Taken I	Mary Gresik	Date Applied For.	09 December	1996		
	Zoning Appeal					
 This perr 	nit application doesn't preclude	the Applicant(s) from meeting applicable	e State and Federal rules	S.		☐ Variance ☐ Miscellaneous
2. Building	permits do not include plumbin	g, septic or electrical work.	7		,	☐ Conditional Use
3. Building	permits are void if work is not st	tarted within six (6) months of the date o	f issuance. False informa	1-		☐ Interpretation
tion may	invalidate a building permit and	d stop all work	Marine San	para di mana		☐ Approved
						□ Denied
			Note to the			Historic Preservation
					_	☐ Not in District or Landmark
						☐ Does Not Require Review
						☐ Requires Review
						Action:
		CERTIFICATION				☐ Appoved
		of the named property, or that the propose				
		tion as his authorized agent and I agree t				11,
		ion issued, I certify that the code officia			ive the authority to enter a	Date:
areas covered	by such permit at any reasonab	ble hour to enforce the provisions of the	code(s) applicable to suc	n permit		1/4 _ 1/=
	212	/	6.0			C. A. I
1.18	1156 SURVEY WILL	HELDY Y	1	mber 199		- 13,75,19
SIGNATURE	OF APPLICANT FALL LAS	ADDRESS:	DATE:		PHONE:	1 180 - 4 8 5

F
ate
ate