

Location of Construction: Sewall Street END		Owner: Thompson's Point INC		Phone:		Permit No <b>990908</b>	
Owner Address:		Lessee/Buyer's Name: Deliverance Center ** 774-8192 **		Phone:		Business Name:	
Contractor Name:		Address:		Phone:		<b>PERMIT ISSUED</b> Permit Issued: AUG 20 1999 CITY OF PORTLAND	
Past Use:  Vacant Lot		Proposed Use:  same		COST OF WORK: \$		PERMIT FEE: \$ 35.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: <input checked="" type="checkbox"/> Approved Use Group: <i>AS Type</i>	
				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
Proposed Project Description:  Erect 80x155 Tent from 8/26 - 9/7 to cover set up and take down days 10 nights of meetings				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____			
Permit Taken By:  K.		Date Applied For: Aug. 13, 1999 K.					

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

**\*\* 774-8192 \*\*\***

**PERMIT ISSUED  
WITH REQUIREMENTS**

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

Aug. 13, 1999

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

**Zoning Appeal**

- ☐ Variance
- ☐ Miscellaneous
- ☐ Conditional Use
- ☐ Interpretation
- ☐ Approved
- ☐ Denied

**Historic Preservation**

- ☒ Not in District or Landmark
- ☐ Does Not Require Review
- ☐ Requires Review

**Action:**

- ☐ Approved
- ☐ Approved with Conditions
- ☐ Denied

Date: *[Signature]*

CEO DISTRICT

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