1210 BRIGHTON AVE Business Name: Co TI Lessee/Buyer's Name Past Use: Commercial - Gas Pump & Canopy C	Winer Name: PORTLAND F Ontractor Name: TBD hone: Commercial - Canopy - Dem bumps & build canopy gas pure	HOTEL: Gas Pura lolition of ding 15'	s INC mp & of canopy gas x 25'	Owner Address: 1200 BRIGHTO Contractor Address: Permit Type: Demolitions - B Permit Fee: \$100.00 FIRE DEPT: Signature: PEDESTRIAN ACT	uilding Cost of Worl \$8,00 Approved Denied			Zone: Type:		
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within six (6) months of the date of False information may invalidate a b	ımbing,	Wetland		Miscell	Miscellaneous		Does Not Require Review			
False information may invalidate a b		☐ Flood Zone ☐ Subdivision		Conditi	Conditional Use		Requires Review			
				Interpre	☐ Interpretation		Approved			
		Sit	e Plan	Approv	red		Approved w/O	Conditions		
				Denied			Denied			
		Date:		Date:	Date:		Date:			
		Date:		Date:		Date): 			
		C	ERTIFICATION	ON						
I hereby certify that I am the owner of recthat I have been authorized by the owner this jurisdiction. In addition, if a permit frepresentative shall have the authority to code(s) applicable to such permit.	r to make this for work desc	amed pro applicateribed in	operty, or that the tion as his author the application	he proposed work orized agent and I a is issued, I certify	agree to conf that the cod	form to al le official	ll applicable l l's authorized	laws of		
SIGNATURE OF APPLICANT			ADDRESS	S	DATE		PHON	1E		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

					ı	
Location of Construction: 1210 BRIGHTON AVE	Owner Name: PORTLAND HOTELS INC		Owner Address: 1200 BRIGHTON AVE	Phone:		
Business Name:	Contractor Name:		Contractor Address:	Phone		
	TBD		201111 110101 1111111 2551			
Lessee/Buyer's Name	Phone:		Permit Type:		<u>I</u>	Zone:
			Demolitions - Building			
Dept: Zoning Status: A	pproved with Condition	ns Reviewer	: Marge Schmuckal	Approval Da	te: 09/2	22/2010
Note:			-		Ok to Issu	e: 🗸
1) The existing freestanding sign sha shall be extinguished with the den					this buildir	ng
2) This permit is being approved on work.	the basis of plans subm	itted. Any devi	ations shall require a sepa	rate approval be	efore startir	ng that
Dept: Building Status: A	pproved with Condition	ns Reviewer	: Jeanine Bourke	Approval Da	te: 05/1	12/2011
Note:				(Ok to Issu	e: 🗸
1) Demolition permits are valid for a for an extension to this time perio per Section 3303 of the IBC 2003	d. Dust prevention shal				_	
2) Demolition permit only. No other foundation hole shall be filled in a		allowed until a	separate approved buildin	g permit is issu	ed. The	
Dept: Fire Status: A Note:	pproved with Condition	ns Reviewer	: Capt Keith Gautreau	Approval Da	te: 09/2 Ok to Issue	29/2010 e: ✓
1) Tank removal shall comply with A copy is available apon request.	NFPA # 1 chapter 66.2.	5.5 and NFPA 3	0.			
2) Permit is for demolition only. An Any cutting and welding done wil						
Comments:						
10/5/2010-jmb: Scheduled pre demo	inspection					
10/7/2010-jmb: Jon R. Emailed Greg	V. At PS for sewer cap	ping, all other it	ems satisfied.			
10/13/2010-jmb: Spoke to Greg V. A. P. To provide contact information.	nd John E. At PS, the se	ewer drain cap r	nethod will need to be app	proved by John.	. Called Ka	mlesh
10/18/2010-jmb: Kamlesh came into a permit for the sewer cap and excavate					try. He wil	l get a
5/4/2011-jmb: Mr. Patel came in to ha	ave this issued, I gave h	im Greg V. Nui	mber to verify the sewer c	ap requirements	s.	
5/12/2011-jmb: Received sewer cap p and inspected.	permit and call from bot	h Carole M. An	d Jim S. @ PS stating it w	as capped on p	rivate prop	erty
			an.			
I hereby certify that I am the owner of		CERTIFICATION		rized by the ou	mar of roce	ord and
that I have been authorized by the owr this jurisdiction. In addition, if a perm representative shall have the authority code(s) applicable to such permit.	ner to make this applica nit for work described in	tion as his authon the application	rized agent and I agree to is issued, I certify that the	conform to all e code official's	applicable authorized	laws of
SIGNATURE OF APPLICANT		ADDRESS	I	DATE	PHO	NE