City of Portland, I		_			2013-00513	Issue Date	•	327A A001001	
389 Congress Street,			, rax: (207) 874-6						
Location of Construction: Owner Name I INDUSTRIAL WAY AIM ONE LLC		AIM ONE INI	DUSTRIAL WAY	Owner Address: 531 E CHAPMAN AVE ORANGE, CA 92866			Phone:		
Business Name:		Contractor Name:		Contractor Address: ME				Phone	
Lessee/Buyer's Name		Phone:		Permit Type: Change of Use - Commercial			Zone:		
Past Use:		Proposed Use:		Perm	Permit Fee: Cost of Work:		k:	CEO District:	
Was vacant		Office & garag	ge for truck repairs.		\$105.00		\$0.00	8	
				FIRE	Approved Denied N/A				
Proposed Project Descripti	ion:			1					
Change of Use; NO CONSTRUCTION (after the fac			()	Signa	ture: Sig		Signature:	gnature:	
				PEDESTRIAN ACTIVITIES DISTRICT (F			CT (P.A.D.)		
								red w/Conditions Denied	
					Signature:			ate:	
Permit Taken By: bjs	03/15/2			Zoning Approval					
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work.			Special Zone or Reviews		Zonin	Zoning Appeal		Historic Preservation	
			Shoreland			☐ Variance		Not in District or Landmark	
			 □ Wetland □ Flood Zone □ Subdivision □ Site Plan Maj □ Minor □ MM □ 		☐ Miscella	☐ Miscellaneous Conditional Use Interpretation Approved Denied		Does Not Require Review	
3. Building permits a within six (6) mor		Requires Review							
False information may invalidate a building permit and stop all work					Interpret			Approved	
					_ Approve			Approved w/Conditions	
					☐ Denied			Denied	
			Date:		Date:	Date:		Date:	
			CERTIFICA	TION	N				
I hereby certify that I a	m the owner of re	ecord of the na	med property, or the	at the	proposed work is	authorized	by the ow	mer of record and	
that I have been author this jurisdiction. In add representative shall hav code(s) applicable to so	ized by the owner dition, if a permit to the authority to	r to make this a for work desc	application as his au ribed in the applicat	thoriz	ed agent and I ag issued, I certify t	ree to conf	orm to all e official's	applicable laws of authorized	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						DATE		PHONE	