City of Portland, M	Iaine - Buil	ding or Use	Permit Applicat	ion	Permit No:	Issue Date:		CBL:	
389 Congress Street, (		O			2013-01912			327A A001001	
Location of Construction:		Owner Name:			Owner Address:			Phone:	
1 INDUSTRIAL WAY (Units 5 & 7)		AIM ONE INDUSTRIAL WAY		531 E CHAPMAN AVE ORANGE CA 92866		Ξ,	, (207) 772-5161		
Business Name:		Contractor Name:		Contractor Address:				Phone	
Foundation Brewing Company				ME					
Lessee/Buyer's Name		Phone:		Permit Type:				Zone:	
John Bonney, john@foundationbrew				Change of Use - Commercial				IM	
Past Use:	<i>(</i> : , , , , , , , , , , , , , , , , , ,	Proposed Use:	5.0.7	Perm	it Fee:	Cost of Work:	to 00	CEO District:	
Auto Shop; Engineering (units 5 & 7)		Brewery, units 5 & 7		\$105.00 \$0.00 8 INSPECTION:					
Proposed Project Description	n:								
Change of use to Brewe	with ancillary								
retail of beer - NO stru	ctural changes	<b>.</b>			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
		Action: Approved Approved w/Conditions Denied  Signature: Date:							
Permit Taken By:	plied For:	<u> </u>				Dat	.e.		
bjs	_	5/2013	Zoning Approval						
1. This permit applica	tion does not	preclude the	Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from Federal Rules.				☐ Variance		Not in District or Landmark			
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscella	neous $\square$		Does Not Require Review	
3. Building permits as within six (6) month	of issuance.	Flood Zone		Condition	Conditional Use		Requires Review		
False information repermit and stop all		a building	☐ Subdivision ☐ Site Plan		Interpre	Interpretation [		Approved	
					Approve	Approved [		Approved w/Conditions	
	Maj Minor MM		☐ Denied	Denied		Denied			
			Date:		Date:	Date:		Date:	
I hereby certify that I an I have been authorized by jurisdiction. In addition shall have the authority such permit.	y the owner to , if a permit fo	o make this appl or work describe	ication as his authored in the application	at the rized a is issu	proposed work a gent and I agree ted, I certify that	to conform to the code offici	all appl al's autl	icable laws of this norized representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE