

574-622 657

Agenda No.  
**REPORT NO.**

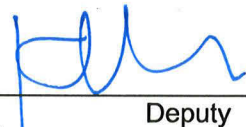
Title

uphold with modifications

Tentatively

Consider the proposal of Back Bridge Lofts LLC and the recommendation from the Hearings Officer for approval with conditions, to change the Comprehensive Plan Map designation from Medium-Density Multi-Dwelling to Central Residential and the Zoning Map designation from R1, Multi-Dwelling Residential to RX Central Residential with a design overlay at the southeast corner of N. Williams Avenue and NE Fremont Street (Hearing; LU 13-109305 CP ZC)

Findings; Previous Agenda 622;

<b>INTRODUCED BY</b> Commissioner/Auditor:	<b>CLERK USE: DATE FILED</b> JUN 07 2013
<b>COMMISSIONER APPROVAL</b> Mayor—Finance and Administration - Hales Position 1/Utilities - Fritz Position 2/Works - Fish Position 3/Affairs - Saltzman Position 4/Safety - Novick	LaVonne Griffin-Valade Auditor of the City of Portland  By:  Deputy
<b>BUREAU APPROVAL</b> Bureau: Bureau Head:	<b>ACTION TAKEN:</b>  JUN 13 2013 <b>CONTINUED TO</b> JUN 27 2013 <b>2 P.M.</b> TIME CERTAIN
Prepared by: T. Anderson Date Prepared: 6/5/2013	JUN 27 2013 <b>TENTATIVELY UPHOLD HEARINGS OFFICER'S DECISION WITH MODIFICATIONS; PREPARE FINDINGS FOR JULY 3, 2013 AT 9:30 AM</b>
Financial Impact & Public Involvement Statement Completed <input checked="" type="checkbox"/> Amends Budget <input type="checkbox"/>	JUL 03 2013 <b>FINDINGS ADOPTED</b>
<b>City Auditor Office Approval:</b> required for Code Ordinances	
<b>City Attorney Approval:</b> K. Beaumont required for contract, code, easement, franchise, charter, Comp Plan	
Council Meeting Date 6/13/2013	

<b>AGENDA</b>  <b>TIME CERTAIN</b> <input checked="" type="checkbox"/> <b>Start time: 2:00</b>  <b>Total amount of time needed: 1.5 hrs</b> (for presentation, testimony and discussion)	1 of 2
<b>CONSENT</b> <input type="checkbox"/>	
<b>REGULAR</b> <input type="checkbox"/> <b>Total amount of time needed:</b> _____ (for presentation, testimony and discussion)	

FOUR-FIFTHS AGENDA	COMMISSIONERS VOTED 7-3-2013 AS FOLLOWS:		
		YEAS	NAYS
1. Fritz	1. Fritz		<input checked="" type="checkbox"/>
2. Fish	2. Fish	<input checked="" type="checkbox"/>	
3. Saltzman	3. Saltzman	<input checked="" type="checkbox"/>	
4. Novick	4. Novick	<input checked="" type="checkbox"/>	
Hales	Hales	<input checked="" type="checkbox"/>	