

	DESCRIPTION	ROLL NO.	ODOMETER
	EMANUEL BUSINESS CONCERNS AND NON-PROFIT ORGANIZATIONS		
PARCEL NO. R-15-3	LEHL, HENRY 3000 N. COMMERCIAL	C.R. ROBBINS INN	
PARCEL NO. RS-5-4	ALBINA PIPE BENDING CO. INC. 225 N. RUSSELL OWNER: JOHN F. SMITH		
PARCEL NO. R-10-9 R-10-4	BRINK RENTAL 535 N. MONROE 3127 N. COMMERCIAL		
PARCEL NO. R-14-3	CRINER APARTMENTS 554-544 N. MONROE OWNER: LLOYD CRINER		
PARCEL NO. RS-5-6	CARLOS BODY & FENDER SHOP 2609 N. VANCOUVER OWNER: CHARLES MONTOYA		
PARCEL NO. RS-4-9	CATHAY FOOD MARKET 2619 N. WILLIAMS OWNER: RICHARD LOW		
PARCEL NO. RS-4-6	DEMME BROTHERS, INC. 35 N. RUSSELL OWNER: JOHN & ALICE BOLZELL		
PARCEL NO. A-4-7	DENSON ROOMING HOUSE 3316 N. GANTENBEIN OWNER: JEWEL BENSON		
PARCEL NO. R-9-7	FIELD-SENSI THREADER MACHINE CO. 417 N. MONROE OWNER: HERBERT FIELD		
PARCEL NO. RS-5-5	GETHSEMANE CHURCH OF GOD IN CHRIST 237 N. RUSSELL		
PARCEL NO. R-8-7	GOOD SAMARITAN CHURCH OF GOD 3204 N. COMMERCIAL		
PARCEL NO. RS-4-7	GRESS APARTMENTS 109 N. RUSSELL		
PARCEL NO. RS-2-1	INGLE SERVICE STATION 2847 N. WILLIAMS OWNER: RONALD INGLE	C.R. MANNING BROS GARAGE	
PARCEL NO. RS-4-2	JEWELL ALL STAR DAIRY 20 N. KNOTT OWNER: IRVING ERICKSON		
PARCEL NO. RS-5-6	JEWELL GLASS COMPANY 2607 N. VANCOUVER OWNER: SEYMOUR R. DANISH		
PARCEL NO. E-4-8	JOHNSON (JULIA MAE) APARTMENTS 2640 N. KERBY		
PARCEL NO. E-4-8	JOHNSON (LUCILLE) APARTMENTS 321 N. RUSSELL		

RS 4-2

Date \_\_\_\_\_

Name Jewell All Star Dairy Operation Ice Cream Manufacture Tel 233-4903

Address 20 N Knott Opr/Mgr Irving Erickson R/Tel 636-7966

Owner \_\_\_\_\_ Address \_\_\_\_\_ Tel \_\_\_\_\_

Attorney \_\_\_\_\_ Address \_\_\_\_\_ Tel \_\_\_\_\_

Other \_\_\_\_\_ Tel \_\_\_\_\_

Moved into project 1947 Moved to above address ~~1947~~ 1947?

Lease \_\_\_\_\_ Sub-lease \_\_\_\_\_ Owns Equip. \_\_\_\_\_ Rental \_\_\_\_\_ Exp \_\_\_\_\_

Gas by \_\_\_\_\_ Elec by \_\_\_\_\_ Garbage by \_\_\_\_\_

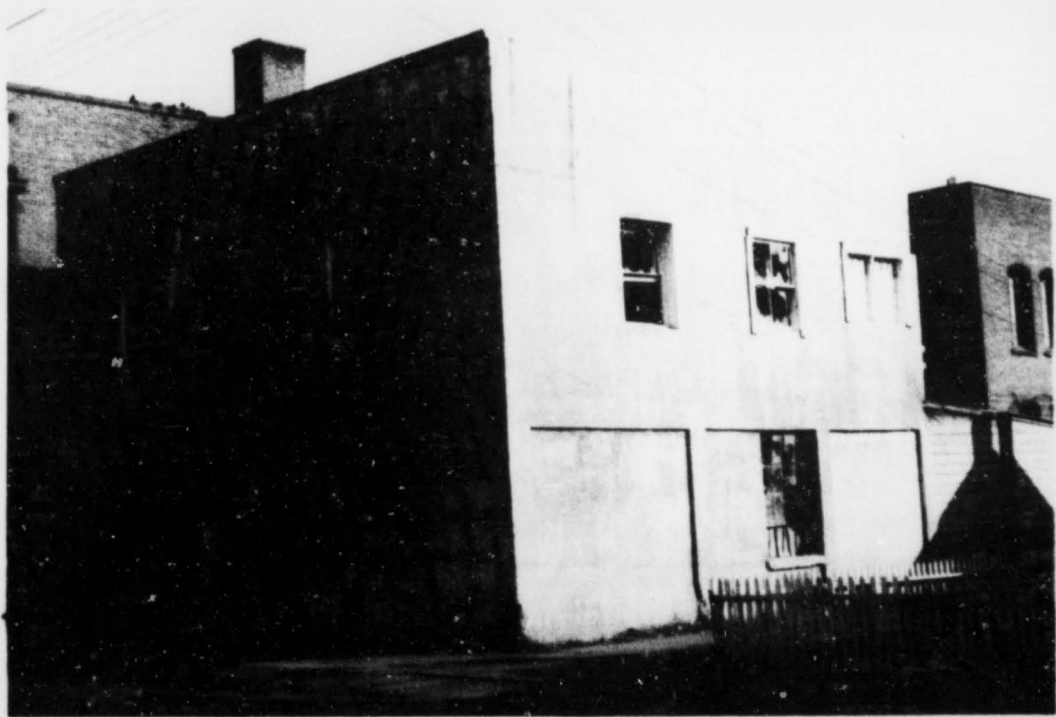
Water \_\_\_\_\_ Heat by \_\_\_\_\_

No. Dwlg. Units \_\_\_\_\_ Aver. Ten. \_\_\_\_\_ Rent Range \_\_\_\_\_

Future Plans \_\_\_\_\_

Space Requirements \_\_\_\_\_ Zone \_\_\_\_\_

Date	Notes	by
6/35/71	<p>Inspected old site in project with Irving Erickson. Company moved <del>from site</del> offices from site 4 yrs ago after a fire but left 2 items of equipment, which they want to have moved to their new location. Items are 2 Blower Coil Units. Business is eligible for moving expenses even though inactive at location in project.</p> <p>Moved 7-13-71.</p>	WSP



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

Nº 16 EH

DATE August 24, 1971

PAY TO Jewell All Star Dairy

\$ 490.10

DOLLARS

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**  
 AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement for moving expenses per Claim for Relocation Payment filed. Move from 20 N. Knott Street to 927 E.E. Marion Street. (RS-4-2)	\$490.10

**Account Distribution**

NO.	TITLE	AMOUNT
E1501	Relocation Payments - B (Moving)	\$490.10

*Handwritten signature or initials.*

*Handwritten initials.*

*WBJ*

FOR LOCAL AGENCY USE ONLY

HUD-6146.5  
(4-66)

<p>U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT</p> <p style="text-align: center;"><b>CLAIM FOR RELOCATION PAYMENT</b> (Certification of Eligibility and Record of Payments - Business Concerns and Nonprofit Organizations)</p>	<p>NAME OF CONCERN <span style="float: right;">RS 4-2</span></p> <p style="text-align: center;">Jewell All Star Dairy</p> <p>NAME OF LOCAL AGENCY</p> <p style="text-align: center;">Portland Development Commission</p> <p><i>INSTRUCTIONS: Attach completed Form HUD-6146.5 to claim form(s) filed by claimant. Attach explanation of any difference between amounts claimed and amounts approved.</i></p>
--	--

A. MOVING EXPENSES AND DIRECT LOSS OF PROPERTY	B. SMALL BUSINESS DISPLACEMENT PAYMENT																											
<p>1. Does concern meet all timing requirements for eligibility? <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><i>If "No," explain:</i></p> <p>2. Complete if claim covers storage costs: Did concern, upon displacement, reestablish operations at a new location?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>3. Complete if payment will be made for moving expenses in excess of \$25,000:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">a. Total amount of moving expenses</td> <td style="width:10%;">\$</td> <td style="width:50%;"></td> </tr> <tr> <td>b. Minus \$25,000</td> <td></td> <td style="text-align: right;">- 25,000.00</td> </tr> <tr> <td>c. Amount to be shared by HUD and local agency (Line a minus Line b; also, Line d plus Line e)</td> <td></td> <td></td> </tr> <tr> <td>d. Amount reimbursable from Federal relocation grant funds</td> <td></td> <td></td> </tr> <tr> <td>e. Amount paid out of local funds</td> <td></td> <td></td> </tr> </table>	a. Total amount of moving expenses	\$		b. Minus \$25,000		- 25,000.00	c. Amount to be shared by HUD and local agency (Line a minus Line b; also, Line d plus Line e)			d. Amount reimbursable from Federal relocation grant funds			e. Amount paid out of local funds			<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:70%;"></th> <th style="width:15%;">AS REPORTED BY CLAIMANT</th> <th style="width:15%;">AS VERIFIED BY LOCAL AGENCY*</th> </tr> <tr> <td>1. Average annual gross receipts or sales</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>2. Average annual net income</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="3">* Verification based on:</td> </tr> </table> <p>3. Is concern part of an enterprise having two or more establishments outside project area?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>4. Does concern meet all timing requirements for eligibility? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><i>If "No," explain:</i></p>		AS REPORTED BY CLAIMANT	AS VERIFIED BY LOCAL AGENCY*	1. Average annual gross receipts or sales	\$	\$	2. Average annual net income	\$	\$	* Verification based on:		
a. Total amount of moving expenses	\$																											
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	AS REPORTED BY CLAIMANT	AS VERIFIED BY LOCAL AGENCY*																										
1. Average annual gross receipts or sales	\$	\$																										
2. Average annual net income	\$	\$																										
* Verification based on:																												

**C. CERTIFICATION**

I CERTIFY that I have examined the claim, and the substantiating documentation, and have found it to be in accord with the applicable provisions of Federal law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, the claim is hereby approved and payment is authorized as follows:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property			8-17-71
a. Reimbursement for actual moving expenses <input type="checkbox"/> Check if claim covers storage and related costs	\$ 490.10		
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for actual moving expenses <input type="checkbox"/> Check if claim covers storage and related costs	\$		
4. Small Business Displacement Payment	\$		

**D. RECORD OF PAYMENTS MADE**

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
8/24/71	16 EH	\$ 490. <sup>10</sup>	58	\$	



NORTHWESTERN TRANSFER CO.  
215 S. E. MORRISON STREET  
PORTLAND, OREGON 97214

25134  
Corrected Invoice

PORTLAND DEVELOPMENT COMMISSION  
235 N. Monroe Street  
Portland, Oregon

7/13/71

RE: JEWEL ALL STAR DAIRY

To move from Jewel Ice Cream building at 20 N. Knott Street to new location at 927 S. E. Marion Street; opening building twice and closing same in order to move two (2) air conditioning tanks from elevated positions in burned building:

7/7	Truck & driver 6 hrs @ \$13.80 per hr	\$	82.80
	1 Helper 6 hrs @ \$8.55 per hr		51.30
7/13	Crane & Operator 7 hrs @ 13.50 per hr		94.50
	Truck & driver 7 hrs @ \$13.80 per hr		96.60
	1 Helper 7 hrs @ \$8.55 per hr		59.85
	Foreman on Job - 11 hrs @ \$9.55 per hr		<u>105.05</u>
	TOTAL:	\$	490.10

*ok [signature]*

**PAID**  
AUG 30 PAID  
*J. Larson*  
NORTHWESTERN TRANSFER CO.

*Rec'd  
8-9-71*

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE  
EMANUEL HOSPITAL PROJECT  
235 N. MONROE ST.  
PORTLAND, OREGON 97227  
PHONE 288-8169

June 30, 1971  
(date)

Northwest Transfer Co.  
215 S. E. Morrison Street  
Portland, Oregon 97214

Gentlemen:

RE: Relocation Move

The following relocation move is subject to reimbursement under the Urban Renewal Act. On satisfactory completion of the job, carrier may submit claimant's statement to this office for payment by the Commission. Maximum \$200x00x \$500.00.

Claimant: Jewell All Star Dairy

Pickup Address: 20 N. Knott Street

Delivery Address: 927 S. E. Marion Street

Time and Date: When convenient - but must be completed by 7/28/71

Rate: PUC published rates

Description: Move two coil units from building and deliver. To include disconnection of plumbing and securing building when finished to prevent entrance.

GENERAL PROVISIONS:

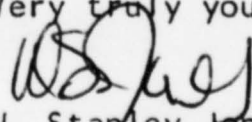
Overtime must be authorized in writing.

Pickup and delivery--above locations only.

All billings must be in claimant's name.

Submit this letter or copy with statement.

Other commitments strictly between carrier and claimant.

Very truly yours,  
  
W. Stanley Jones

WSJ:slc  
enc.



NAME OF CONCERN

RS 4-2

**CLAIM FOR RELOCATION PAYMENT**  
(Business Concerns and Nonprofit Organizations)

Jewell All Star Dairy

**SCHEDULE A. STATEMENT OF CLAIM FOR ACTUAL  
MOVING EXPENSES**

1. This Schedule A covers: (Check a or b)

- a. Claim for moving expenses, including no storage costs  
(Complete Block A-1 on reverse side)
- b. Claim for moving expenses consisting of storage and related costs  
(Complete Blocks A-1 and A-2 on reverse side)

Check appropriate box(es):

- Initial claim                       Supplementary claim                       Final claim

2. Method of payment, moving costs (Check one)

- a. I have paid the moving charges, as evidenced by the attached itemized receipt(s) or paid bill(s) from the mover and/or other contractors, and I therefore request reimbursement.
- b. I have not paid the moving charges, and I therefore request that the attached itemized bill(s) be paid directly to the mover and/or other contractors, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover and/or other contractors.

3. If applicable, method of payment, storage costs (Check one)

- a. I have paid the storage charges, as evidenced by the attached itemized receipt or paid bill, and I therefore request reimbursement.
- b. I have not paid the charges, and I therefore request that the attached itemized bill be paid directly to the storage company, in accordance with arrangements made in advance, and with my consent, between the local agency and the storage company.

(Over)

**A-1. SUPPORTING DATA - MOVING EXPENSES**

*INSTRUCTIONS: Complete this Block if reimbursement is claimed for actual moving expenses for which reimbursement or compensation is not otherwise provided. Indicate costs of work performed by mover and/or other contractors. If storage costs are included, complete Block A-2. Attach receipt(s) or unpaid voucher(s) and/or other supporting documentation. Attach additional sheets as necessary.*

WORK AND/OR SERVICE PERFORMED	IDENTIFICATION OF MOVER, STORAGE COMPANY, AND/OR OTHER CONTRACTORS			AMOUNT CLAIMED	FOR LOCAL AGENCY USE
	NAME	ADDRESS	TELEPHONE NO.		AMOUNT APPROVED
Moving	Northwest Transfer Co.	215 S.E. Morrison Portland, Oregon 97214	232-2121	\$ 490.10	\$ 490.10
Electrical					
Plumbing					
Other (List)					
Storage <sup>1</sup>					
TOTAL				\$ 490.10 <sup>(2)</sup>	\$ 490.10 <sup>(3)</sup>

<sup>1</sup>Include after storage costs have been incurred (see Block A-2)

<sup>2</sup>Enter this amount on first page of claim form, Line 11a.

<sup>3</sup>Enter this amount on Form HUD-6146.5.

**A-2. SUPPORTING DATA - STORAGE COSTS**

DESCRIPTION OF PROPERTY STORED <i>(List each major item separately. If this is a supplementary claim for storage costs and there has been no change in the number of items stored, reference may be made to description previously submitted. Attach additional sheets as necessary.)</i>	STORAGE PERIOD	MONTHS	3. Date property moved to storage: _____, 19 ____	
		1. Total period (If this is not the final claim, enter estimate)		4. Date property moved from storage: _____, 19 ____
	2. Period covered by this claim			
	STORAGE COSTS		AMOUNT	For Local Agency Use AMOUNT APPROVED
	1. Monthly rate		\$	\$
	2. Total costs actually incurred (cumulative)		\$	\$
	3. Amount previously received as relocation payment		\$	\$
	4. Amount claimed herewith (Line 2 minus Line 3) ENTER THIS AMOUNT IN BLOCK A-1 ON LINE MARKED "STORAGE."		\$	\$

August 6, 1971

Mr. Irving Erickson  
927 S. E. Marion Street  
Portland, Oregon

Re: Jewell All Star Dairy

Dear Mr. Erickson:

We have attached a copy of the "Claim for Relocation Payment" in the amount of \$490.10. Please sign where indicated and return in the self addressed envelope provided.

If you have any questions do not hesitate to give me a call.

Very truly yours,

W. Stanley Jones

WSJ:lb  
Enclosures

*Signed copy  
Rec'd 8-10-71*

STATEMENT



**NORTHWESTERN TRANSFER CO.**  
 215 S. E. MORRISON PORTLAND, OREGON 97214

**SINCE  
 1882**

TELEPHONE (503) 232-2121  
 TELETYPE (503) 224-4833

**WAREHOUSING**  
 RENTED COMMON HOUSEHOLD GOODS STORAGE  
 YARD STORAGE OFFICES & DISPLAY SPACE

**TRUCKING**  
 OREGON - ANYWHERE FOR HIRE  
 CARTAGE - PORTLAND METROPOLITAN AREA  
 VANCOUVER-PORTLAND

**DISTRIBUTION**  
 POOL SHIPMENTS VIA WATER, RAIL, TRUCK OR AIR

**JUL 31 1971**

• Portland Development Commission  
 235 N. Monroe,  
 Portland, Oregon 97201

**GENERAL**  
 THEATRICAL AIR FREIGHT  
 RAIL FORWARDER CONVENTIONS & EXHIBITS

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

DATE	REFERENCE	CHARGES	CREDITS	BALANCE
BALANCE FORWARD				93.80
FEB 18'71	34		93.80 -	.00 •
JUL 13'71	25,134	490.10 +		490.10 •

FOR FURTHER INFORMATION CALL EXT. NO. 22

*Rec'd 8-5-71*

**Burroughs** Form 98-1004  
BUSINESS FORMS - L

PLEASE PAY LAST AMOUNT IN THIS COLUMN

REFERENCE SYMBOLS

WR - WAREHOUSE RECEIPT FB - FREIGHT BILL  
 DO - DELIVERY ORDER JE - JOURNAL ENTRY  
 CM - CREDIT MEMO

**NORTHWESTERN TRANSFER CO**

# NWT

Invoice Number

25134

## NORTHWESTERN TRANSFER CO.

215 S. E. Morrison Street • Portland, Oregon 97214

TELEPHONE 503 232-2121

TELETYPE 503 - 224 - 4833

• PORTLAND DEVELOPMENT COMMISSION  
235 N. Monroe Street  
Portland, Oregon

Date 7/13/71

SINCE 1882

MOVING

STORAGE

DISTRIBUTION

TRUCKING

WAREHOUSING

RE: JEWEL ALL STAR DAIRY

To move from Jewel Ice Cream building at 20 N. Knott Street to new location at 927 N. E. Marion Street; opening building twice and closing same in order to move two (2) air conditioning tanks from elevated positions in burned building:

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	Truck & driver 7 hrs @ \$13.80 per hr	96.60
	1 Helper 7 hrs @ \$8.55 per hr	59.85
	Foreman on Job - 11 hrs @ \$9.55 per hr	<u>105.05</u>
	TOTAL:	\$ 490.10 *

ok  
1/13/71

Rec'd  
8-2-71

NORTHWESTERN TRANSFER  
215 S. E. MORRISON STREET  
PORTLAND, OREGON 97214

25134  
Corrected Invoice

PORTLAND DEVELOPMENT COMMISSION  
235 N. Monroe Street  
Portland, Oregon

7/13/71

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			94.50
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PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE  
EMANUEL HOSPITAL PROJECT  
235 N. MONROE ST.  
PORTLAND, OREGON 97227  
PHONE 288-8169

June 30, 1971  
\_\_\_\_\_  
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Rate: PUC published rates

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disconnection of plumbing and securing building when finished  
to prevent entrance.

GENERAL PROVISIONS:

Overtime must be authorized in writing.

Pickup and delivery--above locations only.

All billings must be in claimant's name.

Submit this letter or copy with statement.

Other commitments strictly between carrier and claimant.

Very truly yours,

W. Stanley Jones

WSJ:slc  
enc.

June 28, 1971

Mr. Irwin Erickson  
Jewell All Star Dairy  
927 S. E. Marion  
Portland, Oregon 57202

Dear Mr. Erickson:

Enclosed is a copy of our Informational Statement for business firms which includes supplemental self-move instructions. Payroll record forms are also included for your use if you decide to conduct a self-move.

Please sign the attached receipt form and return in the enclosed envelope. Please contact me if you have any questions.

Very truly yours,

W. Stanley Jones

WSJ:lb  
Enclosures



R E C E I P T

I hereby acknowledge receipt of a copy of the Portland Development  
Commission's INFORMATIONAL STATEMENT FOR PERSONS AND FIRMS DOING  
BUSINESS WITHIN PROJECT BOUNDS and SUPPLEMENTAL SELF-MOVE INSTRUCTIONS .

Jewel all Star  
Firm  
Erving J. Einckhor  
by  
Viv-Ros  
Title

C - 29-71

date

Rec'd  
7-1-71