City of Portland, Maine - Bu	ilding or Use	Permit Applica	tion	Permit No:	Issue Date:		CBL:
389 Congress Street, 04101 Tel:	(207) 874-8703	3, Fax: (207) 874-	8716	2013-01378			001 A003001
Location of Construction:	Owner A		r Address:	ddress:		Phone:	
0 CUTTER ST	CITY OF POI	RTLAND	389 CONGRESS ST PORTLAI 04101		Γ PORTLAND	, ME	
Business Name:	Contractor Name	Contractor Name:		Contractor Address:			Phone
		Wallace Tent & Party Rentals treardon@quirkauto.com		36 Commerce Park Ellsworth ME 04605			(207) 667-6210
Lessee/Buyer's Name Phone:		Permit Ty		t Type:	ype:		Zone:
Olivia Tansley, olivia@livforevents. (207) 831-475		Tents		ts			ROS
Past Use:	Proposed Use:			Permit Fee: Cost of Work:		CEO District:	
Eastern Prom - Cutter St. Parking lo	Eastern Prom Parking lot.	- Cutter St.	INSPECTION:		\$0.00		1
Proposed Project Description:							
4th of July PORTLAND Set up; 7/2 take down 7/5 - 9 canop		2500	CORP. L. L. CORV.				
Set up, 7/2 take down 7/3 - 9 canop		PEDESTRIAN ACTIVITIES DISTRIC Action: Approved Approved Approved Signature:					
				ved Approv	oroved w/Conditions Denied Date:		
	T						
Permit Taken By: Date Applied For: 07/02/2013			Zoning Approval				
This permit application does not preclude the		Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation
Applicant(s) from meeting app Federal Rules.				☐ Variance		Not in District or Landmark	
2. Building permits do not include septic or electrical work.	☐ Wetland		Miscell	Miscellaneous		Does Not Require Review	
3. Building permits are void if we within six (6) months of the da	Flood Zone		Conditi	Conditional Use		Requires Review	
False information may invalidate permit and stop all work	Subdivision		Interpre	☐ Interpretation ☐		Approved	
	Site Plan		Approv	Approved		Approved w/Conditions	
	Maj Minor MM		_ Denied	_ Denied		Denied	
	Date:		Date:	Date:			
I hereby certify that I am the owner I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all a such permit.	to make this app for work describe	lication as his authored in the application	hat the orized a n is issu	proposed work gent and I agree ed, I certify tha	e to conform to t the code offici	all appli ial's auth	icable laws of this norized representative
SIGNATURE OF APPLICANT	ADDRESS			DATE		PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE		PHONE