Cit	y of Portland, Maine	e - Build	ling or Use Pe	ermit A	Application	Pe	rmit No:	Issue Da	te:	CBL:	
	Congress Street, 04101		_				04-0946			027 G00	01001
Location of Construction: Owner Name:					0		Owner Address:			Phone:	
			Compass Project			103 I	Pitt St			828-5289	
Business Name: Contract			Contractor Nan			Contr	ractor Addre	ess:		Phone	
			Pat Ryan			Portland				207749838	35
			Phone:			Permit Type:				l	Zone:
						Tents					
Past Use: Proposed			Proposed Use:			Perm	Permit Fee: Cost of V		ork: CEO District:		Ī
			city meeting ar	rea w/30'x70' tent			\$30.00		\$0.00	0.00	
						FIRE	DEPT:	Approved	INSPE	CTION:	•
								Denied	Use G	roup:	Type
								Deliled			
Prop	posed Project Description:	1	•								
ere	ct 30'x70' tent on city prop	perty 7/18	/04-to be remove	ŀ		Signature:		Signatu	Signature:		
						PEDESTRIAN ACTIVITIES DISTRIC			TRICT (CT (P.A.D.)	
						Action: Approved Approved w/C				v/Condition	Condition Denied
							_				
		- In		S		Signature:				Date:	
	nit Taken By:	07/12	pplied For: /2004			Zoning Approval					
3				Special Zone or Review		ews	vs Zoning Appeal			Historic Preservation	
1.	This permit application			Shoreland		C 11 B	_			_	
	Applicant(s) from meeti Federal Rules.	ing applic	able State and				☐ Variance			Not in District or Landm	
2.	Building permits do not	include p	olumbing, septic				Miscellaneous			☐ Does Not Require Revie	
	or electrical work.			_							
3.	Building permits are voi			☐ Flood Zon			☐ Conditional Us			Requires Review	
	within six (6) months of the date of issuance.										
False information may invalidate a building permit and stop all work			Subdivision		Interpretatio			Approved			
			Site Plan								
					☐ Approved			Approved w/Condition			
				Maj ☐ Minor☐ MM ☐			☐ Denied			☐ Denied	
									Demed		
				Date:			Date:		D	Date:	
				Date.						1	
					CERTIFICATION	ON					
I he	reby certify that I am the	owner of	record of the na	med pro	operty, or that the	ne proi	posed work	is authorized	l by the	owner of recor	d and that
	ve been authorized by the										
-	sdiction. In addition, if a	_								_	
	l have the authority to en	ter all are	eas covered by si	ich peri	mit at any reaso	nable	hour to enfo	orce the prov	ision of	f the code(s) ap	plicable
to si	uch permit.										
SIG	NATURE OF APPLICAN				ADDRES	S		DAT	Е	P	НО

Location of Construction:		Owner Name:		Owner Address:	Phone:		
456 Congress St Compass Proje				103 Pitt St		828-5289	
usiness Name:	Contractor Name:	Contractor Name:		Contractor Address:			
		Pat Ryan		Portland		2077498385	5
essee/Buyer's Name		Phone:		Permit Type:		Zone:	
				Tents			
Dept: Zoning	Status:	Approved	Reviewer:	Marge Schmuckal	Approval Date	e: 07/1	16/2004
Dept. Zoning	Death .	-F F					
•	Statust					Ok to Issue	: ~
Note:							
Note: Dept: Building		Approved	Reviewer:	Tammy Munson	Approval Date	e: 07/1	16/2004
Note: Dept: Building			Reviewer:	Tammy Munson	Approval Date		16/2004
Note:	Status:		Reviewer:		Approval Date	e: 07// Ok to Issue	16/2004

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT	DATE	PHO	