•	of Portland, Maine - Congress Street, 04101	O			Per	rmit No: 09-1025	Issue Dat	e:	CBL: 027 G00	01001	
	on of Construction:	Owner Name:	Fax: (2	207) 874-8710	Owne	r Address:			Phone:	51001	
	ONGRESS ST	CITY OF POR	ΓLAND	l	389 C	CONGRESS S'	Γ				
Business Name: Lessee/Buyer's Name			Acorn Productions / Michael Levine			Contractor Address: P.O. Box 304 Westbrook Permit Type:			Phone 2076503051 Zone:		
		Phone:									
Lessee	, Dajer s ivalite	Thome.			Tent					Zone.	
Past U		Proposed Use:	-		Perm	it Fee:	Cost of Wo		CEO District:		
Monument Square		Monument Squ						\$30.00 1			
		Shakespeare " Soliloquies" Ev		nt w/ a 20' x 40' tent		FIRE DEPT: Approved		INSPECTION: Use Group: Type		Type	
		set-up & Break					Denied	USE GI	roup.	Туре	
_	sed Project Description:	•									
	ed Shakespeare "Sonnets Breakdown 09/21/09	& Soliloquies" Event w	oquies" Event w/ a 20' x 40' tent set-		Signature:		Signature:				
up &	Dicardowii 09/21/09				PEDESTRIAN ACTIVITIES DISTRI				ICT (P.A.D.)		
					Action Approved Approv			roved w	ved w/Condition Denied		
			S			Signature:			Date:		
Permit Taken By: Date Applied For: 09/17/2009			Zoning Approval								
	This permit application do	1	Special Zone or Reviews		ews	Zoning Appeal			Historic Preservation		
A	Applicant(s) from meeting Federal Rules.	-	Shoreland		☐ Variance			☐ Not in District or Landm			
	Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscellaneous			☐ Does Not Require Revie			
3. I	•		Flood Zon		Conditional Us			Requires Review			
	False information may invocrmit and stop all work	ralidate a building	Subdivision			☐ Interpretatio			Approved		
			☐ Si	te Plan		Approve	ed		Approved w	/Condition	
			Maj Mino MM			☐ Denied			☐ Denied		
			Date:			Date:		D	ate:		
I have jurisdi shall h	by certify that I am the over been authorized by the offiction. In addition, if a penave the authority to ente	wner to make this appli ermit for work described	med procession a	as his authorized application is iss	ne prop l agent sued, I	t and I agree t certify that th	o conform t se code offic	o all ap cial's au	pplicable laws othorized repre	of this sentative	
SIGNA	ATURE OF APPLICAN			ADDRESS	S		DATE		P	НО	

Location of Construction:		Owner Name:		Owner Address:		Phone:	
456 CONGRESS ST		CITY OF PORTLAND		389 CONGRESS ST			
Business Name:		Contractor Name:		Contractor Address:		Phone	
		Acorn Productions /Mie	chael Levine	P.O. Box 304 Westbrook	ζ	2076503051	
Lessee/Buyer's Name		Phone:		Permit Type:			Zone:
				Tents			
Dept: Zoning	Status:	Approved	Reviewer	: Marge Schmuckal	Approval Date	e: 09/1	7/2009
Note:						Ok to Issue:	· 🗸
Dept: Building Note: 1) This permit DOES N		Approved with Conditions				Ok to Issue:	8/2009 : 🔽
	OT author	ize any construction activity	ies. The tent st	age must be removed at t	ne end of the eve	ли.	
Dept: Fire	Status:	Approved with Conditions	s Reviewer	: Capt Keith Gautreau	Approval Date	e: 09/1	8/2009
Note:					•	Ok to Issue:	· 🗸
1) Please provide 2 Ext	inguishers	with this size tent. Also, pr	ovide no smok	ing signs for the tent area			

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.

DECDONCIDI E DEDCON IN CHARCE OF WORK TIT	DATE	DIIO	