Cit	y of Portland, Maine	- Building or Use	Permi	t Application	n Pe	rmit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (20				207) 874-871	6	10-1101			027 G00	1001
Location of Construction: Owner Name:					Owner Address:		Phone:	Phone:		
456 CONGRESS ST CITY OF POR'			RTLAND		389 CONGRESS ST					
Business Name: Contractor Name: Acorn Producti		:		Contractor Address:			Phone	Phone		
		tions /Michael Levine		P.O. Box 304 Westbrook			20765030	2076503051		
Less	see/Buyer's Name Phone:		Per		Permi	Permit Type:				Zone:
					Ten	ts				
Past Use: Proposed Use:					Permit Fee: Cost of Work:		K: (CEO District:]	
Mo	nument Square	Monument Squ	Monument Square - "Naked Shakespeare" Event w/ stage set-up & Breakdown 09/13/2010			\$30.00	\$3	0.00	1	
					FIRE	DEPT:	Approved	INSPEC	CTION:	
		& Breakdown					Use Gro	e Group: Type:		
Prop	osed Project Description:				1					
"Na	aked Shakespeare" Event w	v/ stage set-up & Break			Signature: Si		Signatur	gnature:		
					PEDESTRIAN ACTIVITIES DISTRICT (P.A.				.A.D.)	
				Action: Approved		ved App	proved w/Conditions Denied			
					Signature:			Date:		
Permit Taken By: Date Applied For:						Zoning	Approva	1		
ldobson 09/08/2010			Zoming Approva							
1.	1. This permit application does not preclude the Applicant(s) from meeting applicable State and		Special Zone or Reviews		Zoning Appeal			Historic Preservation		
			Shoreland		Variance			Not in District or Landmark		
	Federal Rules.									
2.	Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous			Does Not Require Review		
 Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work 			Flood Zone		Conditional Use			Requires Review		
		Subdivision		Interpretation		Approved] Approved			
				Site Plan		Approved			Approved w/Conditions	
			Maj 🗌 Minor 🗌 MM 🗌		Denied			Denied		
		Date:			Date:		Da	ate:		

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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

Location of Construction:	Owner Name:	Owner Name:		I	Phone:		
456 CONGRESS ST	CITY OF PORTLANI)	389 CONGRESS ST				
Business Name:	Contractor Name:	Contractor Name:		I	Phone		
	Acorn Productions /M	ichael Levine	P.O. Box 304 Westbrook 207650305			51	
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:	
			Tents				
Note:				0)k to Issue	: []	
Dept: Building	Status: Approved with Condition	s Reviewer	: Jeanine Bourke	Approval Date	e: 09/08	8/2010	
Note: Ok to Issue: 🗹						. ✓	
1) This permit DOES NOT authorize any construction activities. The tent/stage must be removed at the end of the event.							
2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.							

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