City of Portland, Maine - B	uilding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Te	1: (207) 874-8703	6, Fax: (207) 874-8	3716	2013-01295		027 G001001
Location of Construction:	Owner Name:	Owner Name: CITY OF PORTLAND		r Address:		Phone:
456 CONGRESS ST	CITY OF POI			CONGRESS ST	o, ME	
Business Name:	Contractor Name	Contractor Name:		actor Address:	Phone	
Portland's Downtown District				Ξ		
Lessee/Buyer's Name	Phone:	Phone:		it Type:	Zone:	
Rachel Irwin, rachel@portlandma	ine (207) 772-682	28	Special Events		В3	
Past Use:	Proposed Use:	Proposed Use:		it Fee:	Cost of Work:	CEO District:
Public Space - Monument Square	Same: Public Square	Same: Public Space - Monument Square		\$30.00 ECTION:		
Proposed Project Description:						
2013 Special event Concert Series	for Alive at 5 ever	nts: starting 07/11				
and every Thursday after that thru		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
tent		Act		Action: Approved Approved w/Conditions Denied		
			S	ignature:		Date:
	e Applied For: 5/20/2013		Zoning Approval			
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance.</li> </ol>		Special Zone or Reviews		Zoni	ing Appeal	Historic Preservation
		Shoreland		Variano	ce	Not in District or Landm
		☐ Wetland ☐ Flood Zone		Miscell	aneous	Does Not Require Review
				Conditi	onal Use	Requires Review
False information may invalid permit and stop all work	late a building	Subdivision		Interpre	etation	Approved
	Site Plan		Approv	red	Approved w/Conditions	
	Maj Minor MM		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 permisshall have the authority to enter all such permit.	er to make this appl it for work describe	lication as his authored in the application	nat the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offici	all applicable laws of this ial's authorized representative
SIGNATURE OF APPLICANT		ADDI	RESS		DATE	PHONE
SIGNATURE OF APPLICANT		ADDI	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE