City of Portland, Maine - Build	U			Permit No:	Issue Date:		CBL:
389 Congress Street, 04101 Tel: (2	-	, Fax: (207) 874-8		2013-01622			028 B001001
Location of Construction: 350 CONGRESS ST - Lincoln Park CITY OF PO		RTLAND	Owner Address: 389 CONGRESS ST PORTLAND, ME 04101		, ME	Phone:	
Business Name:	Contractor Name: A Plus Party Rental		Contractor Address: 10 Washington Avenue # 1 Scarborough ME 04074			Phone (207) 883-4472	
Lessee/Buyer's Name	Phone:		Permit Type:				Zone:
Noah Defilippis, ndefilippis@maine.	(207) 415-6174		Tents				В3
	Proposed Use:				Cost of Work:	ho oo	CEO District:
Lincoln Park Lincoln Park			\$30.00 \$0.0		\$0.00	2	
Proposed Project Description:							
2013 Picnic (Music & Arts Festival) s	own 8/24/13 - 20' x						
20' tent	PEDI		EDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
		Action: Approved Approved w/Co				ditions Denied	
Permit Taken By: Date App		Zoning Approval					
bjs 07/29/	Zomigripprovar						
1. This permit application does not preclude t Applicant(s) from meeting applicable State Federal Rules.		Special Zone or Re	eviews Zonii		ng Appeal	eal Historic Pres	
		Shoreland		☐ Varianc	☐ Variance		Not in District or Landmar
2. Building permits do not include p septic or electrical work.	Wetland		Miscella	aneous		Does Not Require Review	
3. Building permits are void if work within six (6) months of the date of	Flood Zone		Condition	Conditional Use		Requires Review	
False information may invalidate a building permit and stop all work		Subdivision		Interpre	☐ Interpretation		Approved
	☐ Site Plan		Approve	Approved		Approved w/Conditions	
	Maj Minor MM		☐ Denied	_ Denied [Denied	
	Date:		Date:	Date:		Date:	
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all area such permit.	make this appl r work describe	ication as his authored in the application	at the rized a	proposed work agent and I agree aed, I certify that	to conform to the code offici	all appl al's autl	icable laws of this norized representative
SIGNATURE OF APPLICANT	ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE