			PERMITISS SI	[D]
•	Iaine - Building or Use		hi 1150- l	
Location of Construction:	04101 Tel: (207) 874-870	3, Fax: (207) 874-871	Owner Address:	029 0002001 Phone:
160 Middle St	164 Realty L	lc.	Po Box 800 OF PORTE	
Business Name:	Contractor Nam		Contractor Address:	Phone
n/a	Maine Bay C	anvas	53 Industrial Way Portland 2078788888	
Lessee/Buyer's Name	Phone:		Permit Type:	Zone:
n/a	n/a		Tents	B '
Past Use:	Proposed Use:	***	Permit Fee: Cost of Wor	ck: CEO District:
Vacant Area		r Event on September	/	\$0.00 1
	25th		FIRE DEPT: Approved	INSPECTION
			Denied	Use Group: Type:
				BOCKENIES 1995
Proposed Project Descriptio	n:		1	WITH REQUIREMENTS
Erect Tent for Event on September 25th			Signature:	S(gnotive: Lame of XIII)
	1		PEDESTRIAN ACTIVITIES DIS	TRICT (P.A.D.)
			Action: Approved Ap	proved w/Conditions Denied
				Date:
Permit Taken By: Date Applied For:		1	Signature:	
cih	09/19/2001		Zoning Approval	
		Special Zone or Review	ews Zoning Appeal	Historic Preservation
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 		Shoreland	☐ Variance	Not in District or Landma
2. Building permits do not include plumbing, septic or electrical work.		Wetland	Miscellaneous	Does Not Require Review
3. Building permits are void if work is not star within six (6) months of the date of issuance		Flood Zone	Conditional Use	Requires Review
False information repermit and stop all	nay invalidate a building work	Subdivision	Interpretation	Approved
		Site Plan	Approved	Approved w/Conditions
		Maj Minor Maj 4M	Denied	Denied
		Date:	IDate:	Date:
		a_{1}		PERMIT ISSUED WITH REQUIREMENTS
		CERTIFICATI	ON	
I have been authorized b jurisdiction. In addition	y the owner to make this app, if a permit for work describe	lication as his authorize ed in the application is i	d agent and I agree to conform ssued, I certify that the code of	by the owner of record and that to all applicable laws of this ficial's authorized representative ision of the code(s) applicable to
SIGNATURE OF APPLICANT		ADDRES	S DATE	E PHONE
RESPONSIBLE PERSON IN	ICHARGE OF WORK, TITLE		DATE	E PHONE

Close File 10-7-05 RSt

Tolord Chard