City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716						Permit No: 08-0702	Issue Dat	e:	CBL: 034A C0	01001
Location of Construction:Owner Name:295 FOREST AVEHANNAFORD					Owner Address: PO BOX 1000			Phone:		
Business Name: Contractor Nam emg3, LLC			1e:	e: Contractor Address: 215 Commercial Street Portland		nd	Phone			
Lessee/Buyer's Name Phone:				Permit Type: Tents				Zone:		
Tent/event - S		Commercial - H				ermit Fee: \$30.00	Cost of Wo \$	30.00	CEO District: 1]
		Immer Celebrations h set up & breakdown			Approved Denied		SPECTION: se Group: Type			
Proposed Project Description: Hannaford Summer Celebrations Event July 10th set u 10			ıp & bre	akdown July	Signature: Sign PEDESTRIAN ACTIVITIES DISTRICT Action Approved Approved			Г (Р.А.Д.)		
			I		Si	gnature:			Date:	
Permit Taken By:Date Applied For:ldobson06/13/2008				Zoning Approval						
1.	1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoning Appeal			Historic Preservation		
			Sh4	Shoreland		Varianc	Variance		Not in District or Landma	
2.	2. Building permits do not include plumbing, septic or electrical work.		Wetland Wetland		Miscella	Miscellaneous		Does Not Require Revie		
3. 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 Zon		Conditional Us			Requires Review		
			Subdivision		Interpretatio			Approved		
			🗌 Sit	e Plan		Approv	ed		Approved w/	Condition
			Maj [] Mino [] MM		Denied			Denied	
			Date:			Date:		E	Date:	

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 APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

Location of Construction: 295 FOREST AVE	Owner Name: HANNAFORD BROS CO #351C		Owner Address: PO BOX 1000	Phone:	
Business Name:	Contractor Name: emg3, LLC		Contractor Address: 215 Commercial Street H	Phone	
Lessee/Buyer's Name	Phone:		Permit Type: Tents		Zone:
Dept: Zoning Status: Note:	Approved	Reviewer	: Marge Schmuckal	Approval Dat	te: 06/17/2008 Ok to Issue: 🗹
Dept: Building Status: Note:	Pending	Reviewer	:	Approval Dat	te: Ok to Issue:

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