

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

PERMIT ISSUED

Permit No: 02-1068-EP Issue Date: 20 2002 CBL: 034A B001001

Location of Construction: 84 Marginal Way Owner Name: City Of Portland Owner Address: 389 Congress St Phone: 874-8300

Business Name: Contractor Name: Atlantic Tent Company Contractor Address: 27 Jackson Boulevard Freeport Phone: 2078628882

Lessee/Buyer's Name: Phone: Permit Type: Tents Zone: R05

Past Use: Back Cove Proposed Use: Back Cove Permit Fee: \$35.00 Cost of Work: \$35.00 CEO District: 1

FIRE DEPT: Approved Denied INSPECTION: Use Group: U Type: Tent

Signature: [Signature] Signature: [Signature]

Action: Approved Approved w/Conditions Denied Signature: Date:

Permit Taken By: gg Date Applied For: 09/18/2002 Zoning Approval

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

Special Zone or Reviews
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan
 Maj Minor MM
 Date: 9/19/02

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied
 Date:

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review
 Approved
 Approved w/Conditions
 Denied
 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 APPLICANT: [Signature] ADDRESS: 4 Skyline Rd SP 04106 DATE: 9/19/2002 PHONE: 8772855860

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE