Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

TION

AUG 1 9 2010 Permit Number: 10098910

This is to certify that <u>MAINEHEALTH</u>	Maine Hea	City of Portland
has permission to(2) 20' x 20' Tents s	set up on 8/2010 an reak-do 8/22/20	event & tents on Private property
AT _130 FREE ST		-039-B004001
	es of Mage and of the	pting this permit shall comply with a ces of the City of Portland regulating res, and of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information.	Notication of espectic must give and writt permissic procur before this but ag or prepared lath or oth sed-in.  HOL NOTICE IS REQUIRED.	A certificate of occupancy must be procured by owner before this build-
OTHER REQUIRED APPROVALS		
Health Dept		
Appeal Board		
Other Department Name		Director - Building & Inspection Services
<b></b>	PENALTY FOR REMOVING THIS	

City of Portland, Maine - Building or Use Permit Application					ermit No:	Issue Date:		CBL:	
	Congress Street, 04101	•			10-0989			039 B0	04001
Loca	tion of Construction:	Owner Name:	<u> </u>	Own	er Address:			Phone:	
130 FREE ST MAINEHEAL		TH	465	CONGRESS S	ST STE 600				
Business Name: Contractor Name		:	Contractor Address:			Phone			
Maine Health			465	Congress St St	uite 600 Portland	nd 2075417559		59	
Less	ee/Buyer's Name	Phone:			Permit Type:		Zone:		
				Te	nts				B.3
Past Use: Proposed Use:				Pern	nit Fee:	Cost of Work:	CEC	O District:	<u>.                                      </u>
	ine Health	1 '	- (2) 20' x 20' Tents		\$60.00	\$60.00		1	
			/2010 and break- 10 event & tents on		E DEPT:	*		ON:	
		down 8/22/201			1 7	Approved	Group:	U	Type: Ten
		Private proper			Denied		PECTION: e Group: Tents		
ı					11/6	/	_	Tint	· -
Prop	osed Project Description:	<u> </u>		1 /	(		4		3/
_	20' x 20' Tents set up on 8	/20/2010 and break-dov	wn 8/22/2010 event	Sign	ature:	Siens	ature:		1
` '	ents on Private property				PEDESTRIAN ACTIVITIES DISTRICT (P.				
							·	( )	
				Actio	on: Approve	a   Approved	red w/Conditions Denied		Dented
				Sign	ature:		Dat	te:	
Pern	nit Taken By:	Date Applied For:			Zoning	Approval			
ldo	bson	08/16/2010				* *			
1.	This permit application do	es not preclude the	Special Zone or Reviews		Zonin	g AppeaI	1	Historic Pres	ervation
	Applicant(s) from meeting		Shoreland		☐ Variance		Not in District or Landmar		
	Federal Rules.						_		
2.	Building permits do not in	clude plumbing.	Wetland		Miscellaneous		Does Not Require Review		
septic or electrical work.									
3. Building permits are void if work is not started		☐ Flood Zone		☐ Conditional Use		Requires Review			
within six (6) months of the date of issuance.			Subdivision		☐ Interpretation		Approved		
False information may invalidate a building									
	permit and stop all work				_ '		_		
			Site Plan		Approved	,	П	Approved w/	Conditions
		-015	h				_	••	
	DI	MIT ISSUE	Maj ☐ Minor ☐ MM	(	Denied		П	Denied	
	PEN	MILL			_			Len	
			Date: 8 18 10 ASA	۸	Date:		Date:	24	
		AUG 1 9 2010	Barr Ollello Nam.	•	Dute.		Daw.		
	ı	7100	•						
	regiand.								
		City of Portland							
			CERTIFICATI	ION					
l he	ehy certify that I am the ov	vner of record of the na			nosed work is	authorized by th	ie owi	ner of reco	d and that
uei	eby certify that I am the ov	vner of record of the na		ue pro	posed work is	audiorized by th	ic owi	ier of tecol	u anu mat

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	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK TITLE		DATE	PHONE

•	•	ilding or Use Permi (207) 874-8703, Fax: (		Permit No: 10-0989	<b>Date Applied For:</b> 08/16/2010	CBL: 039 B004001
Location of Construction	1:	Owner Name:	[•	Owner Address:		Phone:
130 FREE ST		MAINEHEALTH		465 CONGRESS	ST STE 600	
Business Name:		Contractor Name:	ĺ	Contractor Address:		Phone
		Maine Health		465 Congress St S	(207) 541-7559	
Lessee/Buyer's Name		Phone:	]	Permit Type:	•	
				Tents		
Maine Health - (2) 2 down 8/22/2010 even		et up on 8/20/2010 and bi rivate property		' x 20' Tents set up & tents on Private		oreak-down 8/22/2010
Dept: Zoning Note:	Status:	Approved	Reviewer:	Ann Maehado	Approval E	Oate: 08/18/2010 Ok to Issue: ✓



## Tent/Canopy or Temporary Event Staging Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property

within the City, payment arrangeme	nts must be made before permit	is of any kind are accepted.
Location/Address/Park of Installation:	so free 55	
Date of Set up/Event	Date of Breakdown	n/ End of Event
Auc 20th 2010	Auc	22- 2010
Tax Assessor's Chart, Block & Lot	Property Owner:	Telephone:
Chart# Block# Lot#	10	101 1216
039 B 004	Marie HEALTH	671-6269
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telepl	none: Fee: \$30.00 X 2
	MANNEHEALA	16NT 2 \$ 60 OU
	MAINTHEALK	
proposed and existing, p will need to include prod Portland's Parks @ 756- 5. If the City is the property owner, Certif	arking and existing building location uct information. (Applicant may of 3275).	ons. If this is temporary staging, you call Parks & Recreation for maps of
of coverage is \$400,000.00  Who should we contact when permit is reac Address: 128 Free ST, Free Please submit all of the information or Application as one package. Failure to	differ in the ready country is	nd by our buging remit
In order to be sure the City fully understands the full request additional information prior to the issuance of www.portlandmaine.gov, stop by the Building Inspec	f a permit. For further information vis	sit us on-line at

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit

Signature of applicant:	EStand	Date: 8//2/	2-10
This is not a	permif, you may not commence AN	Y work until the permit is	issued.

PAX TRANSMITTAD FOI Pages
TO TCO FROM DIFFU

MAINE BAY CANVAS INC

PHONE: (207) 878-8888 FAX # (207) 876-119
WERSITE: mainsbaycanves.com

## Certificate of Flame Resistance

COMMENTS

REGISTERED FABRIC NUMBER

F-140.01

ISSUED BY
JOHNSON OUTDOORS INC.
BINGHAWTON, NEW YORK 13902
Menufacturers of the Finest
Tent Products Described Herein

Date of Manufacture

**MAY 2009** 

This is to certify that the products herein have been manufactured from material inherently fisme retardant as here after specified by the material supplier.

NAME: MAINE BAY CANVAS

CITY: PORTLAND, ME Cartification is hereby made that:

The articles described on this certificate have been manufactured with an approved frame retardant chemical in compliance with California State Fire Mershal Code, NFPA-701\*, Underwriters Laboratory of Canada, and have been tested in accordance with the Federal Test Method Specifications and meet or exceed the Military Flame Specifications of MIL-C-43006Q.

Type, color and weight of material

13 OZ. WBO

Description of Item certifies

VISTA 20 X 20 WBO

Flame Retardant Process Used Will Not Be Removed By Washing And Is Effective For The Life Of The Fabric

Snyder Manufacturing, Inc.

Manufacturer of Plame Retardant Virol Laminetes

TENT DEPARTMENT JOHNSON OUTDOORS INC

\*Large Scale

St. M. Comp. College.

