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Contractor Address: Maine Bay Canvas 53 Industrial Way Portland 20787888	Phone:	
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Permit Taken By: Date Applied For: (05/13/2004	red w/Condition Denied	
Permit Taken By: kwd	oved w/condition Benied	
Second Second Second Second Second Second Second Shoreland S	Date:	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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 Site Plan		
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within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work Site Plan	☐ Does Not Require Revie	
False information may invalidate a building permit and stop all work Site Plan	Requires Review	
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 I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized represhall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) agents.	Approved	
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SIGNATURE OF APPLICAN ADDRESS DATE P	РНО	

Location of Construction: 41 State St		Owner Name:	ŀ	Owner Address:		Phone:	
		Casco Terrace Lp		One Longfellow Sq			
Business Name:		Contractor Name: Maine Bay Canvas		Contractor Address: 53 Industrial Way Portland		Phone 2078788888	
				Tents			
Dept: Histo	orical Status:	Approved	Reviewer:	Deborah Andrews	Approval Dat	te: 05/	14/2004
Note:						Ok to Issue	: ✓
		MUST be removed at the er	nd of the even				
1) This is a te		MUST be removed at the er	Reviewer:		Approval Dat	te: 05/2 Ok to Issue	
Dept: Zonii	ng Status:			Marge Schmuckal		Ok to Issue	: V
Dept: Zonii Note:	ng Status:	Approved	Reviewer:	Marge Schmuckal	Approval Dat	Ok to Issue	: 2
Dept: Zonin Note: Dept: Build	ng Status:	Approved	Reviewer:	Marge Schmuckal Tammy Munson	Approval Dat	Ok to Issue te: 05/ Ok to Issue	14/2004 : 🗹

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	PHO
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