•	v of Portland, Maine Congress Street, 0410		U			Pe	09-0835	Issue Dat	e:	049 A00	01001
Location of Construction: 165 PARK AVE CIT			Owner Name: CITY OF PORTLAND			Owner Address: 389 CONGRESS ST			Phone: 207-767-5966		
				Contractor Name:			Contractor Address:			Phone	
Lessee/Buyer's Name Phone:					Permit Type: Tents				Zone:		
Deering Oaks Park Deering Oaks National K Serving Ma			National Kidne Serving Maine	Park - Tent Permit, ney Foundation,			RE DEPT: Cost of Wo		\$0.00 2 INSPECTION:		Type
Tent	osed Project Description: t Permit, National Kidney 5/2009 - One 20'x20, One	y Foundat	ion, Serving Mai	ine 10/2	5/2009-	Actio	STRIAN ACTI				Denied
Permit Taken By: Date Applied For:					Signa		Approva	1	Date.		
-	lmd 07/22/2009			Snec	ial Zone or Revi	ews	Zonin	g Anneal		Historic Preservation	
	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Special Zone or Reviews Shoreland			Zoning Appeal Variance		Not in District or Landm		
	Building permits do not include plumbing, septic or electrical work.			□w	etland		☐ 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		
			Site Plan			Approved			Approved w/Condition		
			Maj 🔲 Mino 🔲 MM 🛭			☐ Denied			☐ Denied		
				Date:			Date:		D	ate:	
I hav juriso shall	eby certify that I am the e been authorized by the diction. In addition, if a have the authority to en ch permit.	e owner to permit for	o make this appli r work described	med procession and the angle in	as his authorized application is iss	ne prop l agen sued, I	t and I agree t certify that th	o conform	to all ap cial's au	plicable laws of thorized repres	of this sentative
SIGN	NATURE OF APPLICAN				ADDRESS	<u></u>		DATI	<u> </u>	P	НО

Business Name: Contractor Name: Contractor Address: Phone Permit Type: Tents Dept: Zoning Status: Approved Reviewer: Marge Schmuckal Ok to Issue: Ok to Issue: Note: Tents Dept: Building Status: Approved with Conditions Note: Ok to Issue: Ok to Issue: Ok to Issue: Ok to Issue: Tents Dept: Fire Status: Approved with Conditions Reviewer: Capt Keith Gautreau Approval Date: 08/07/20	Location of Construction:	Owner Name:	Owner Address:	Phone:		
Dept: Zoning Status: Approved Reviewer: Marge Schmuckal Approval Date: 08/06/20 Note: Ok to Issue: 5 Dept: Building Status: Approved with Conditions Reviewer: Tammy Munson Approval Date: 08/11/20 Note: Ok to Issue: 5 1) This permit DOES NOT authorize any construction activities. The tent/stage must be removed at the end of the event. Dept: Fire Status: Approved with Conditions Reviewer: Capt Keith Gautreau Approval Date: 08/07/20 Note: Ok to Issue: 5 1) Tents shall have an approved fire resistant rating, Maintain 10' between stake lines, No smoking or open flame within 10', Provide a least 1 2 A 10 BC extinguisher.	165 PARK AVE	CITY OF PORTLAND	O 389 CONGRESS ST	207-767-	207-767-5966	
Dept: Zoning Status: Approved Reviewer: Marge Schmuckal Approval Date: 08/06/20 Note: Ok to Issue: Status: Approved with Conditions Reviewer: Tammy Munson Approval Date: 08/11/20 Note: Ok to Issue: Status: Approved with Conditions Reviewer: Tammy Munson Approval Date: 08/11/20 Note: Ok to Issue: Status: Approved with Conditions Reviewer: Capt Keith Gautreau Approval Date: 08/07/20 Note: Ok to Issue: Status: Approved with Conditions Reviewer: Capt Keith Gautreau Approval Date: 08/07/20 Note: Ok to Issue: Status: Approved fire resistant rating, Maintain 10' between stake lines, No smoking or open flame within 10', Provide a least 1 2 A 10 BC extinguisher.	Business Name:	Contractor Name:	Contractor Address:	Phone		
Note: Dept: Building Status: Approved with Conditions Reviewer: Tammy Munson Approval Date: 08/11/20 Note: Ok to Issue: 5 Ok to Issue: 5 Ok to Issue: 5 This permit DOES NOT authorize any construction activities. The tent/stage must be removed at the end of the event. Dept: Fire Status: Approved with Conditions Reviewer: Capt Keith Gautreau Approval Date: 08/07/20 Note: Ok to Issue: 5 O	Lessee/Buyer's Name	Phone:			Zone:	
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least 1 2 A 10 BC extinguisher.	•	Status: Approved with Condition	-	Ok to Iss		
Comments:		anroyed fire resistant rating Mainta		i open name within 10,110	viuc at	
8/6/2009-lmd: Mailed invoice to Mufalo Chitam. Received application via fax, mailed invoice.	1) Tents shall have an ap		in 10 between stake intes, 100 smoking of			

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
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO