

**City of Portland, Maine – Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: <u>Deering Oaks Park 04101</u>		Owner: <u>City of Portland</u>		Phone:		Permit No:
Owner Address:		Lessee/Buyer's Name: <u>Hospice of Maine</u>		Phone: <u>774-4417</u>		
Contractor Name: <u>Maine Bay Canvas</u>		Address:		BusinessName:		DEC 13
Past Use: <u>Park</u>		Proposed Use: <u>Same</u>		COST OF WORK: <u>\$ 500.00</u>		
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: <u>Tent</u> Use Group: <u>A</u> Type: <u>BOCAGE</u>
Proposed Project Description:  <u>Erect 1 30x60 and 1 30x30 Tents Temporarily for Twilight in The Park.</u>				Signature: <u>[Signature]</u>		
				Signature: <u>[Signature]</u> Date: _____		
Permit Taken By: <u>GD</u>		Date Applied For: <u>GD</u>		<u>December 13, 1999</u>		<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied  <b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review Action: <u>temp. only</u> <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: <u>12/13/99</u>

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..

Please Call Terence for Pickup  
774-4417

**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 provisions of the code(s) applicable to such permit

December 13, 1999

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT 2