

## 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 arrangements must be made before permits of any kind are accepted.

| Location/Address/Park of Installation or E  | Event: Maine   | Medical   | Ctr., 2   | 2 Bramhall St  |
|---|--|---|---|--|
| Date of Set up/Event  | D  | ate of Breakdown  | / End of E  |  |
| July 30 & 31, 2014  | Au   | ugust 1, 2014   |   |  |
| Tax Assessor's Chart, Block & Lot   | Property Owner:  |   |   | Telephone:   |
| Chart# Block# Lot#  | Maine Medical Center   |   | * * * * * * * * * * * * * * * * * * *                             | 662-6022   |
| 053-D-007-001   |  |   |   | 9  |
| Lessee/Buyer's Name (If Applicable)   | Applicant Info: Name: Roland J. Gosselin Address: MMC/Nutrition, 22 Bramha                                     |   | Fee: \$30.00  |  |
|   | Phone: 662-60  |   | - 1   |  |
| The permit fee and the following items must to receive a permit.  1. Certificate of Flammability 2. Letter of approval from property owner of the City is owner, attach a complete Parks & Recreation (756-8275). 3. Company name of installer (contact information of the following:  Tent/Canopy or temporary proposed and existing, proposed and existing proposed | r.  eted copy of App  o).  rary event staging oarking and existin duct information. 8275).  icate of Insurance | lication to Use Ci<br>locations, including<br>g building location<br>(Applicant may cal | ty Parks & dimensions s. If this is t l Parks & Re additional ins | Public Space from  s, exits and entrances of emporary staging, you ecreation for maps of |
| Who should we contact when permit is ready. Name: Roland J. Gosselin  |  |   |   |  |
| Address: MMC Nutrition, 22 Bramhall St. Tel: 662-6022 E-Mail: gosser@mmc.org  |  |   |   |  |
| Please submit all of the information outlined in the Tent/Canopy and Event Staging Permit Application as one package. Failure to do so will result in the automatic denial of your permit.  |  |   |   |  |

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at <a href="https://www.portlandmaine.gov">www.portlandmaine.gov</a>, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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: Roland J. Gosselin | Data L. O. COLL           |
|--|---------------------------|
| Signature of Applicant, Roland J. Gosselin | <b>Date:</b> June 3, 2014 |
|  | <b>Date:</b> 0.011        |