

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

|                              |                    |                            |
|------------------------------|--------------------|----------------------------|
| <b>Permit No:</b><br>08-1089 | <b>Issue Date:</b> | <b>CBL:</b><br>053 D007001 |
|------------------------------|--------------------|----------------------------|

|                                                    |                                            |                                                    |                            |
|----------------------------------------------------|--------------------------------------------|----------------------------------------------------|----------------------------|
| <b>Location of Construction:</b><br>22 BRAMHALL ST | <b>Owner Name:</b><br>MAINE MEDICAL CENTER | <b>Owner Address:</b><br>22 BRAMHALL ST            | <b>Phone:</b>              |
| <b>Business Name:</b>                              | <b>Contractor Name:</b><br>Maine Med       | <b>Contractor Address:</b><br>22 Bramhall Portland | <b>Phone</b><br>2076622013 |
| <b>Lessee/Buyer's Name</b>                         | <b>Phone:</b>                              | <b>Permit Type:</b><br>Tents                       | <b>Zone:</b>               |

|                                                                                                                                                                             |                                                                                                                                                                      |                                                                                           |                                       |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------|---------------------------|
| <b>Past Use:</b><br>Maine Medical Center                                                                                                                                    | <b>Proposed Use:</b><br>Maine Medical Center - 40' x 80'<br>Tent for Grant Opening<br>Ceremonies - No food served inside<br>tent Set-up Sept. 5 Breakdown<br>Sept. 6 | <b>Permit Fee:</b><br>\$30.00                                                             | <b>Cost of Work:</b><br>\$30.00       | <b>CEO District:</b><br>2 |
| <b>Proposed Project Description:</b><br>Maine Medical Center - 40' x 80' Tent for Grant Opening Ceremonies - No<br>food served inside tent Set-up Sept. 5 Breakdown Sept. 6 |                                                                                                                                                                      | <b>FIRE DEPT:</b><br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied | <b>INSPECTION:</b><br>Use Group: Type |                           |
|                                                                                                                                                                             |                                                                                                                                                                      | Signature:                                                                                | Signature:                            |                           |
| <b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>                                                                                                                              |                                                                                                                                                                      |                                                                                           |                                       |                           |
| Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied                                                      |                                                                                                                                                                      |                                                                                           |                                       |                           |
| Signature: Date:                                                                                                                                                            |                                                                                                                                                                      |                                                                                           |                                       |                           |

|                                    |                                        |                        |  |  |
|------------------------------------|----------------------------------------|------------------------|--|--|
| <b>Permit Taken By:</b><br>Idobson | <b>Date Applied For:</b><br>09/02/2008 | <b>Zoning Approval</b> |  |  |
|------------------------------------|----------------------------------------|------------------------|--|--|

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

| Special Zone or Reviews                                                                | Zoning Appeal                           | Historic Preservation                              |
|----------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Shoreland                                                     | <input type="checkbox"/> Variance       | <input type="checkbox"/> Not in District or Landma |
| <input type="checkbox"/> Wetland                                                       | <input type="checkbox"/> Miscellaneous  | <input type="checkbox"/> Does Not Require Revie    |
| <input type="checkbox"/> Flood Zon                                                     | <input type="checkbox"/> Conditional Us | <input type="checkbox"/> Requires Review           |
| <input type="checkbox"/> Subdivision                                                   | <input type="checkbox"/> Interpretatio  | <input type="checkbox"/> Approved                  |
| <input type="checkbox"/> Site Plan                                                     | <input type="checkbox"/> Approved       | <input type="checkbox"/> Approved w/Condition      |
| Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/> | <input type="checkbox"/> Denied         | <input type="checkbox"/> Denied                    |
| Date:                                                                                  | Date:                                   | Date:                                              |

**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 |

|                                                    |                                            |                                                    |                            |
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| <b>Lessee/Buyer's Name</b>                         | <b>Phone:</b>                              | <b>Permit Type:</b><br>Tents                       | <b>Zone:</b>               |

|                                                                                                                                                                           |                                                         |                                 |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------|----------------------------------|
| <b>Dept:</b> Zoning                                                                                                                                                       | <b>Status:</b> Approved                                 | <b>Reviewer:</b> Ann Machado    | <b>Approval Date:</b> 09/02/2008 |
| <b>Note:</b>                                                                                                                                                              | <b>Ok to Issue:</b> <input checked="" type="checkbox"/> |                                 |                                  |
| <b>Dept:</b> Building                                                                                                                                                     | <b>Status:</b> Approved with Conditions                 | <b>Reviewer:</b> Chris Hanson   | <b>Approval Date:</b> 09/03/2008 |
| <b>Note:</b>                                                                                                                                                              | <b>Ok to Issue:</b> <input checked="" type="checkbox"/> |                                 |                                  |
| 1) This permit is approved, all of the review questions/comments have been responded to and adequately satisfy code compliance of this project.                           |                                                         |                                 |                                  |
| 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.              |                                                         |                                 |                                  |
| <b>Dept:</b> Fire                                                                                                                                                         | <b>Status:</b> Approved with Conditions                 | <b>Reviewer:</b> Capt Greg Cass | <b>Approval Date:</b> 09/03/2008 |
| <b>Note:</b>                                                                                                                                                              | <b>Ok to Issue:</b> <input checked="" type="checkbox"/> |                                 |                                  |
| 1) Means of egress to be maintained clear at all times.                                                                                                                   |                                                         |                                 |                                  |
| 2) Tents shall have an approved fire resistant rating, Maintain 10' between stake lines, No smoking or open flame within 10', Provide at least 1 10 lb. ABC extinguisher. |                                                         |                                 |                                  |

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