



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 Event: MMC 22 Bramhall St./East Tower Patio		
Date of Set up/Event 9/16/2015		Date of Breakdown/ End of Event 9/18/2015
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 053-D-007-001	Property Owner: Name: Maine Medical Center Address: 22 Bramhall St. E-Mail: gosser@mmc.org	Telephone: 662-6022
Lessee/Buyer's Name (If Applicable) Name: Address: E-Mail: Phone:	Applicant Info: Name: Roland J. Gosselin Address: 22 Bramhall St./Nutrition E-Mail: gosser@mmc.org Phone: 662-6022	Fee: \$30.00 For each event, each tent, each stage.
<p>The permit fee and the following items must be completed and submitted along with this application in order to receive a permit.</p> <ol style="list-style-type: none"> 1. Certificate of Flammability 2. Letter of approval from property owner. If the City is owner, attach a completed copy of Application to Use City Parks & Public Space from Parks & Recreation (756-8275). 3. Company name of installer (contact info). 4. Plot Plan showing the following: Tent/Canopy or temporary event staging locations, including dimensions, exits and entrances of proposed and existing, parking and existing building locations. If this is temporary staging, you will need to include product information. (Applicant may call Parks & Recreation for maps of Portland's Parks @ 756-8275). 5. If the City is the property owner, Certificate of Insurance listing the City as additional insured. Minimum amount of coverage is \$400,000.00 <p>Who should we contact when permit is ready: Name: <u>Roland Gosselin/Nutrition Services</u> Address: <u>22 Bramhall St.</u> Tel: <u>662-6022</u> E-Mail: <u>gosser@mmc.org</u></p>		
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 www.portlandmaine.gov, 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 Digitally signed by Roland J. Gosselin
DN: cn=Roland J. Gosselin, o=Maine Medical Center, ou=Nutrition Services,
email=gosser@mmc.org, ou=MMC
Date: 2015.09.16 14:09:44 -0400 Date: **8/3/2015**

This is not a permit; you may not commence ANY work until the permit is issued.