

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 030398

Please Read Application And Notes, If Any, Attached

This is to certify that City Of Portland/Applicant

has permission to Erect a 20' x 30' Canopy on Saturday May 11, 2012 for the City of Portland Fibrosis Foundation

AT 30 Baxter Blvd / PARSON PARK 112 C001001

provided that the person or persons from whom the permit is issued shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and repair of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

certification inspection must be obtained and when permit on project is issued, this building or structure shall be inspected or otherwise inspected as required.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. *[Signature]*
Health Dept.
Appeal Board
Other _____
Department Name

PENALTY FOR REMOVING THIS CARD

[Signature]
Director - Building & Inspection Services
3/10/12

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-0398	Issue Date: MAY 05 2003
CBL: 112 C001001	

Location of Construction: 30 Baxter Blvd	Owner Name: City Of Portland	Owner Address: 389 Congress St	Phone: 874-8793
Business Name:	Contractor Name:	Contractor Address: CITY OF PORTLAND	Phone:
Lessee/Buyer's Name:	Phone:	Permit Type: Tents	Zone: ROS

Past Use: Open Space/Baxter Boulevard	Proposed Use: Open Space/Baxter Boulevard / Payson Park
Proposed Project Description: Erect a 20' x30' Canopy on Saturday May 17, 2003 for the Cystic Fibrosis Foundation	
FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
Permit Fee: \$35.00	Cost of Work: \$35.00
CEO District: 2	

Proposed Project Description: Erect a 20' x30' Canopy on Saturday May 17, 2003 for the Cystic Fibrosis Foundation	Signature: [Signature]
Signature: [Signature]	Signature: [Signature]
Signature: [Signature]	Signature: [Signature]
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Date:

Permit Taken By: [Name]	Date Applied For: 04/24/2003
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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.	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan May <input type="checkbox"/> Minor <input type="checkbox"/> MIM <input checked="" type="checkbox"/> MIM	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
	Date: 05/11/03	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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE	

PERMIT ISSUED

AN

Cloud

9/24/24