

Location of Construction: Baxter Blvd		Owner: City of Portland		Phone:		Permit No: 981123
Owner Address: 389 Congress St		Lessee/Buyer's Name: Maine Track Club		Phone:		
Contractor Name: Leavitt & Parris, Inc.		Address: 256 Read St		Phone: 797-0100		Signature: <i>[Signature]</i> Signature: <i>[Signature]</i> Zoning Approval: <i>[Signature]</i> 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 maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Past Use: Vacant		Proposed Use: Same		COST OF WORK: \$ FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Type: Signature: <i>[Signature]</i> Signature: <i>[Signature]</i>		
Proposed Project Description: Erect 1) 20' x 40' tent and 1) 40' x 40' tent						
Permit Taken By: UB		Date Applied For: October 1, 1998				

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..

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

October 1, 1998

SIGNATURE OF APPLICANT: John Corbin
 ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: _____ PHONE: _____

CEO DISTRICT 2