

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.

Date of Set up/Event Friday, May 3, 2013	Date of Breakdown/ E Monday, May 6, 2	
Tax Assessor's Chart, Block & Lot	Property Owner:	Telephone:
Chart# Block# Lot#	City of Portland	Telephone: NEW Proper
Lessee/Buyer's Name (If Applicable)	Applicant Info: Name: The Trust for Public Land Address: 30 Danforth St, Ste 106	
	Phone: 772-7424 E-Mail: lisa.p	
1. Certificate of Flammability	when I city property	
Parks & Recreation (756-8275). 3. Company name of installer (contact 4. Plot Plan showing the following: Tent/Canopy or ten proposed and existin will need to include Portland's Parks @ 5. If the City is the property owner, C of coverage is \$400,000.00 Who should we contact when permit	inpleted copy of Application to Use City P to info). Approved Lav info). Approved Lav info ing, parking and existing building locations. I product information. (Applicant may call Partificate of Insurance listing the City as additional information. Lisa Preble	mensions, exits and entrances of f this is temporary staging, you arks & Recreation for maps of tional insured. Minimum amount
If the City is owner, attach a corparks & Recreation (756-8275). 3. Company name of installer (contact of the Plot Plan showing the following: Tent/Canopy or tent proposed and existing will need to include Portland's Parks @ 5. If the City is the property owner, Conference of coverage is \$400,000.00 Who should we contact when permit of the City is the Please submit all of the information	inpleted copy of Application to Use City Part info). Approved Law information product information. (Applicant may call Part 756-8275). Extricted the City as additional product information in the City as additional product information.	mensions, exits and entrances of f this is temporary staging, you arks & Recreation for maps of tional insured. Minimum amount E-Mail: