•	y of Portland, Main Congress Street, 041		_			ľ	06-1326	Issue Dat	e:	158 A02	24001	
Location of Construction: Owner Name:						Owner Address:		Phone:				
656 Baxter Blvd City Of Portla				nd		389 Congress St				I none.		
Busi	iness Name:	Contractor Nan	Contractor Name:			Contractor Address:			Phone			
			Stephanie Mor	tephanie Morin			59 Davis Ave Auburn			207240373	37	
			Phone:			Permit Type: Tents				Zone:		
Past	Use:		Proposed Use:			Permit Fee:		Cost of Work: CE		CEO District:	1	
ROS			ROS Payson P	ark- Maine Children's		\$30.00		\$	\$30.00 4			
			Cancer Program Walk Tent setu			FIR	RE DEPT:	Approved	INSPEC	TION:		
			9/15/06 breakdown 9/16/06				Use Group: Type					
Pror	oosed Project Descriptio	n·										
_	ine Children's Cancer F		lk Tent setup 9/1	5/06 br	eakdown	Signature: Sig			Signatur	ignature:		
	6/06	C	•			PEDESTRIAN ACTIVITIES DISTRI						
						Action Approved Approved w/C						
						Sig	nature:			Date:		
Pern	nit Taken By:	Date A	pplied For:			Zoning Approval						
	obson	09/08	_				Zomie	Approva	1			
1.	This permit application does not preclude t Applicant(s) from meeting applicable State Federal Rules.		preclude the	Special Zone or Rev		ews Zoning Appeal			Historic Preservation			
			•	Shoreland			☐ Variance			☐ Not in District or Landn		
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscella	Miscellaneous		☐ Does Not Require Revie			
3.	•			☐ Flood Zon			Conditional Us			Requires Review		
False information may invalidate a building permit and stop all work			a building	Subdivision			☐ Interpretatio			Approved		
			Site Plan			Approved			Approved w/Condition			
				Maj 🔲 Mino 🔲 MM		☐ ☐ Denied			☐ Denied			
			Date:			Date:		Da	Date:			
I hav juris shal	reby certify that I am the verties been authorized by the diction. In addition, if I have the authority to lich permit.	the owner to a permit for	make this appli work described	med procession a	as his authorized application is iss	ne pr d age sued	ent and I agree to , I certify that the	to conform to code office	to all app cial's aut	olicable laws horized repre	of this sentative	
SIG	NATURE OF APPLICAN				ADDRES	S		DATE	3	P	НО	
SIG	NATURE OF APPLICAN				ADDRES	S		DATE	E	P	HC	

Location of Construction: Owner Name:		Owner Address:	Pho	ne:		
656 Baxter Blvd	City Of Portland	389 Congress St				
Business Name:	Contractor Name:	Contractor Address:	Pho	Phone 2072403737		
	Stephanie Morin	59 Davis Ave Aubur	n 207			
Lessee/Buyer's Name	Phone:	Permit Type: Tents		Zone:		
Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date:	09/11/2006		
Note:			Okt	Ok to Issue: 🗸		

 Dept:
 Building
 Status:
 Approved
 Reviewer:
 Michael A. Collins
 Approval Date:
 09/13/200

 Note:
 Ok to Issue:
 ✓

Dept: Fire **Status:** Approved **Reviewer:** Cptn Greg Cass **Approval Date:** 09/12/2006

Note: Ok to Issue: ✓

Comments:

9/11/2006-mes: Gave back to Lannie - the address and CBL are wrong - this is in Payson Park

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
DESDONISIDI E DEDSON IN CHARCE OF WORK TIT		DATE	DIIO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT	DATE	PHO	