City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716						Permit No: Issue Dat 09-0821		CBL: 158 A024001			
Loc	ation of Construction: 6 Baxter Blvd	Owner Name:	· · · · · · · · · · · · · · · · · · ·		Owner Address: 389 Congress St		Phone:				
	iness Name:		Contractor Name:		Contractor Address:				Phone		
	nine Children's Cancer Progra see/Buyer's Name	Phone:	Johnson Outdoors Inc. Phone:		Binghamtom Permit Type:				Zone:		
		207-662-6274			Tents						
Past Use: Payson Park		*	Proposed Use: Payson Park / Erect one 40' x 40' tent and one 20'x 30' tent. Set up Friday, 09/18/09 and breakdown Saturday, 09/19/09.				•	\$30.00 4			
								Use Group: Type			
Proposed Project Description: Erect one 40' x 40' tent and one 20'x 30' tent. Set up Fri				iday, 09/18/09 and		Signature:		Signature:			
breakdown Saturday, 09/19/09.					PEDESTRIAN ACTIVITIES DISTRIC						
					Action Approved Approve			proved v	red w/Condition Denied		
Don	mit Takan Pye	Data Applied Fam			Signat		A		Date:		
Permit Taken By: Date Applied For 08/04/2009			Zoning Approval					l			
1.	This permit application does not preclude the		Special Zone or Reviews		Zoning Appeal			Historic Preservation			
	Applicant(s) from meeting Federal Rules.	applicable State and	Shoreland		Variance			Not in District or Landn			
2.	Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscellaneous			Does Not Require Revie			
3.	Building permits are void if work is not started within six (6) months of the date of issuance.		☐ Flood Zon		Conditional Us			Requires Review			
	False information may invapermit and stop all work	alidate a building	Subdivision			☐ Interpretatio			Approved		
			☐ Si	te Plan		Approve	ed		Approved w	/Condition	
			Maj	Mino MM	☐ Denied				☐ Denied		
			Date:			Date:		Г	Date:		
I ha juri sha	reby certify that I am the ow we been authorized by the ov sdiction. In addition, if a per Il have the authority to enter uch permit.	wner to make this appli mit for work described	med procation a	as his authorized application is iss	ne prop d agent sued, I	t and I agree t certify that th	o conform t se code offic	o all ap cial's au	pplicable laws athorized repre	of this sentative	
SIC	GNATURE OF APPLICAN			ADDRES	S		DATE		P	НО	

	of Construction:	Owner Name:	Owner Name: City Of Portland]	Phone:		
656 Baxt	ter Blvd	City Of Portland						
Business	Name:	Contractor Name:	Contractor Name:		1	Phone		
Maine C	hildren's Cancer Program	Johnson Outdoors Inc	Johnson Outdoors Inc.		Binghamtom			
Lessee/Buyer's Name		Phone:		Permit Type:	·		Zone:	
		207-662-6274		Tents				
Dept:	Zoning Status	: Approved	Reviewer	: Marge Schmuckal	Approval Date	e: 08/1	1/2009	
Note: Ok to Issue: ✓								
Dept:	Building Status	: Approved with Condition	ns Reviewer :	: Chris Hanson	Approval Date	ΛQ/1		
	Dunania	· ripproved with condition		Cinib riumbon	Approvai Dak	00/1	4/2009	
Note:	Dunding Status	. Tipproved with condition		Cinis Hanson		Ok to Issue:		
Note:	-	orize any construction activ				Ok to Issue:		
Note:	permit DOES NOT auth	orize any construction activ	ities. The tent/st	age must be removed at t	he end of the eve	Ok to Issue: ent.	V	
Note: 1) This Dept:	permit DOES NOT auth		ities. The tent/st	age must be removed at t	he end of the eve	Ok to Issue: ent.	2/2009	
Note:	permit DOES NOT auth	orize any construction activ	ities. The tent/st	age must be removed at t	he end of the eve	Ok to Issue: ent.	2/2009	

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
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO