DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes It Any. Attached

BU MOLE

Permit Number: 101030

<u></u>		PERMITISSUED
This is to certify thatCTTY OF PORTLAN	D Maine ildrens gram	
has permission toMains Childrens Care	cer Program Wak-Samp 9/13 breakdo	9/14/10 (1) \$6 p 40' & (1) 20' x 30' —
AT 425-OCEAN AVE		159-G001901
provided that the person or pers	ons, file or comments on sometime	ng this permitshall comply with all
		s of the City of Portland regulating
the construction, meintenance a this department.	nd use of buildings and stru	res, and of the spplication on file in
Apply to Public Works for street line and grade if nature of work requires such information.	Not ation o ispectio must be give no writt permissi procured beto this but in or or hereof is leth or oth sed-in. 2 HOL NOTICE IS REQUIRED.	A certificate of occupancy must be procured by owner before this building or part thereof is occupied.
OTHER REQUIRED APPROVALS Fire Dept		mul Back 9/9/10
Other	/ /	O rection - Building & Inspection Selvices
Pí	ENALTY FOR REMOVING THIS CA	ARD / /

1/1E 9,200-10

389 Congress Street,	04101 Tel: (3, Fax: ((207) 874-871	_!_	10-1030	<u> </u>		159 G0	01001	
Location of Countrie tien: 427 OCEAN AVE		Owner Name:		Owner Address:				Phonex			
Budsen Name:	_	_			CONGRESS S			Phone			
DENGES (NESC)			contractor Address: Childrens Cancer Program 100 Campus Drive Suite 107 Sca		Scarborn		75				
Lessee/Bayer's Name		Phone:		<u> </u>		t Type:	t-dite 101	- COLLEGE	2477300	Zone:	
					Ten	••				RS	
Past Use:		Proposed Use:			Per	II Fee:	Cost of Wor	k: C	E() District:		
ROS "Payson Park"		ROS "Payson				\$60.00	/ S6	50.00	4		
		Childrens Can	_		Approved			INSPECT	ECTION: 12M		
		Set-up 9/17/10 (1) 40'x 40' &					Detried	Use Group	P.U.	Type /	
		(1) (0)	(-)		*	ee Condi	it ione			(eu.	
Proposed Project Descripti		<u> </u>			1			[10	True Tem Tent	
Maine Childrens Cance		:: :::::::::::::::::::::::::::::::::::	10 hreal	dawn	Siemai	ure: (K6))	Signatures	1301 7 9 16 10		
9/18/10 (1) 40'x 40' &		S	. o orca	W041	Signature: Sign Sign PRDESTRIAN ACTIVITIES DISTRICT				() 14		
						п: () Аррасие		•			
					Acuit	n. [] Approve	ա 🗀 որդ	MONEU MIC C	d w/Conditions Denied		
					Signa	Signature			Date.		
Permit Taken By:	I -	plied For:				Zoning Approval					
ldobson		/2010	Snor	rial Zone or Baula		Zonine	. 4		Ristoria Braz		
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 		Special Zone or Reviews Shoreland		Zoning Appeal			Historic Preservation Not in District or Landsmen				
Building permits do not include plumbing, septic or electrical work.		☐ Wetland ☐ Miscellaneous		[Does Not Require Review						
 Huilding 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. 		∏ Fle	aud Zong		☐ Condition	al Use		Require Re	iew		
			Subdivinion		☐ Interpresation			□ Арриотеф			
			∐ Sia	ć Plan		Approved	ı		Approved w	Condinons	
PERMIT ISSUED		Mair	☐ Minop(MM		☐ Denied		\ -	Denied			
				4.26/11	126/10 Dec		Date	Date:			
Si	EP - 9 2010			nian	., .			•			
Ci+	y of Portland	.									
			C	ERTIFICATI	ON						
I hereby certify that I ar I have been sutborized I jurisdiction. In addition shall have the authority such permit.	by the owner to , if a permit fo	ı make this appli r work describe	ication a d in the	s his authorized application is is	i ageni soed,	i and I agree to I certify that ()	e code off	to all appi icial's aut	licable laws horized repr	of this coun tative	
SIGNATURE OF APPLICA				AODRES			DATE			NE	

Perguit No:

Issue Date:

DATE

PHONE

CSL:

City of Portland, Maine - Building or Use Permit Application

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

9-20-10 - Romoven Chieb Sork

City of Portland, Ma 389 Congress Street, 04		ilding or Use Permit (207) 874-8703, Fax: (201	7) 874-8716	Permit No: 10-1030	Date Applied For: 08/23/2010	CBL: 159 G001001
Location of Construction: 427 OCEAN AVE Owner Name: CITY OF PORTLAND			Owner Address: 389 CONGRESS	Phone:		
Business Name:		Contractor Name: Maine Childrens Cancer Program		Contractor Address: 100 Campus Drive Suite 107 Scarboro		Phone (207) 756-8275
Lessee/Buyer's Name		Phone:		Permit Type: Tents		
Proposed Use: ROS "Payson Park" - Ma up 9/17/10 breakdown 9/ Dept: Zoning Note:	18/10 (1)	ns Cancer Program Walk- So 10'x 40' & (1) 20' x 30' Approved	Maine 9/18/1	d Project Description Childrens Cancer O (1) 40'x 40' & (Program Walk- Set-u 1) 20' x 30'	ate: 08/25/2010 Ok to Issue: Okto Issue: V
Dept: Building Note:		Approved with Conditions		Jeanine Bourke	Approval D	Ok to Issue:
Dept: Fire Note:		ze any construction activities Approved with Conditions		Capt Keith Gaut		
1) Tents shall have an a at least 1 2 A 10 BC		e resistant rating, Maintain 10 er.	0' between sta	tke lines, No smok	ring or open flame wi	thin 10°, Provide

-				176	
Co	277	***	45.9	a fre	
1.0			C1	ша	

8/25/2010-mes: not put inot my baskets until 8/25/10





Tent/Canopy or Temporary Event Staging Permit Application

If you on the property owner owes real estate or personal property taxes or user charges on any property within the Cay, payment arrangements must be made before permits of any kind are accepted.

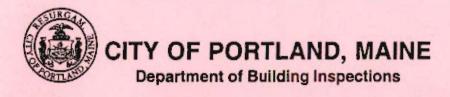
Date of Set up/Event Friday, 9/17/10		Date of Breakdown/ End of Event Saturday, 9/18/19		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 159 & 1	Property Owner:	rtland	Telephone: 756 -8275	
Lessee/Buyer's Name (If Applicable)	Applicant name, address maine Children's Car bo Campus Drive, St Scarbwoogh, ME of	e.107	Fee: \$30.00 + \$30.00 (two tents)	
proposed and existing will need to include pr Portland's Parks @ 75 If the City is the property owner, Cer of coverage is \$400,000.00 Who should we contact when permit is re	ner. pleted copy of Application refs for West 719 farming 1 orary event staging location parking and existing builds oduct information. (Applic 6-8275). tificate of Insurance listing	Toon Richa of the fall of the	res & Public Space from (s) 778 -38 47 New Shawn, ME 049 ensions, exits and entrances of this is temporary staging, you as & Recreation for maps of the conal insured. Minimum amount	
Address: Pretiflation, P.O. Box 95 Portland, ME 04112-95	74. Tel	ephone:_(207)	1791-3214	
Please submit all of the information Application as one package. Failure	outlined in the Tent/C			

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmane.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable bout to enforce the provisions of the codes applicable to this permit.

	CIM Of Politicans
Signature of applicant: Scan Dolum	Date: 4 Sailding Indiana Maine and Joseph Joseph
This is not a permit; you may not commence	ANY work until the permit is issued.





Original Receipt

		8.	23 20/0
Received from	110	lone pred	Cir-
Location of Work		Perform R	cele
Cost of Construction	\$	Buildin	ng Fee:
Permit Fee	\$	Sit	e Fee:
	Certi	ficate of Occupancy	/ Fee:
			Total:
Building (IL) Plur	nbing (I5)	_ Electrical (I2)	_ Site Plan (U2)
Other			
CBL: 159- 6-	1		
Check #:	3	Total Colle	ected s

No work is to be started until permit issued. Please keep original receipt for your records.

Taken by:

WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy