Cit	y of Portland, Maine	- Build	ling or Use Pe	ermit A	Application	Pe	rmit No:	Issue Dat	te:	CBL:	
389	Congress Street, 04101	1 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		05-1221			238 A02	27001
Location of Construction: Owner Name:						Owner Address:				Phone:	
			Sturbridge Yar	ankee Workshop Inc		90 Blueberry Rd					
Business Name:			Contractor Name:			Cont	Contractor Address:			Phone	
Lessee/Buyer's Name Ph			Phone:		Permit Type: Tents				Zone:		
<u> </u>									CEO District		
Commercial Te			Proposed Use:	ant up an 80' v 50'		Permit Fee:		Cost of Work: S30.00		CEO District:	
			Tent use/ Put tent up an 80' x 50' tent in parking lot set up 09/15/2005 and break down 09/18/2005			EIDE	\$30.00			30.00 3 INSPECTION:	
					Approved				e Group: Type		
Proi	posed Project Description:					_					
	tent up an 80' x 50' tent in		lot set up 09/15/			Signature: Sig			Signatu	nature:	
09/	18/2005		-			PEDESTRIAN ACTIVITIES DISTRICT					
						Action: Approved Approved w/Condition Denied					Denied
						Signature:			Date:		
Permit Taken By: Date Apple 1dobson 08/26/20			pplied For: /2005			Zoning Approval					
1	This permit application does not prec Applicant(s) from meeting applicable Federal Rules.		pracluda tha	Special Zone or Review		ews	ws Zoning Appeal			Historic Preservation	
1.			precidde the		☐ Variance			☐ Not in District or Landm			
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscellaneous			☐ Does Not Require Revie		
3.				☐ Flood Zon			Conditional Us			Requires Review	
False information may invalidate a building permit and stop all work			☐ Subdivision ☐ Site Plan			☐ Interpretatio			Approved		
						Approved			Approved w/Condition		
			Maj Minor MM [		☐ Denied			Denied			
				Date:			Date:		D	Date:	
I ha juris shal	reby certify that I am the ve been authorized by the sdiction. In addition, if a Il have the authority to en uch permit.	owner to	o make this appli r work described	med procession a	as his authorized application is is	ne pro d agen sued, l	at and I agree of the certify that the	to conform he code offi	to all ap	oplicable laws athorized repre	of this sentative
SIG	NATURE OF APPLICAN				ADDRES	S		DATI	Ξ	P	PHO

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction:	Owner Name:		Owner Address:	Phone:		
80 Blueberry Rd	Sturbridge Yankee Work	shop Inc	90 Blueberry Rd			
Business Name:	Contractor Name:	Contractor Name:		Contractor Address:		
Lessee/Buyer's Name	Phone:		Permit Type: Tents			Zone:
Dept: Zoning State Note:	is: Approved	Reviewer	: Marge Schmuckal	Approval Dat	e: 08 Ok to Issu	/29/2005 e: 🗹
Dept: Building Statu Note:	is: Approved	Reviewer	: Jeanine Bourke	Approval Dat	e: 09 Ok to Issu	/14/2005 <b>e:</b> ✓
Dept: Fire State Note:	as: Approved with Conditions	Reviewer	: Cptn Greg Cass	Approval Dat	e: 09 Ok to Issu	/08/2005 <b>e:</b> ✓
1) Maintain 10 feet outside state No smoking or open flame we Fire extinguisher required.						

## **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.

DECDONGIDLE DEDCOM IN CHARGE OF WORK TIT	DATE	DIIO