

**City of Portland, Maine – Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: Preble Street/Back Cove Lot		Owner: City of Portland		Phone:		Permit No: <b>000284</b>	
Owner Address:		Lessee/Buyer's Name: National Kidney Foundation of Maine		Phone:		BusinessName:	
Contractor Name: One stop party shop		Address: south Portland ME		Phone:		Permit Issued: <b>APR - 6</b>	
Past Use:  vacant lot		Proposed Use:  same		COST OF WORK: \$ 0		PERMIT FEE: \$ 35.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>4</i> Type: <i>BOCS 99</i> Signature: <i>[Signature]</i>	
Proposed Project Description:  Erect 2 20x20 tents canopys posibly a 3rd up on 4/9/00 down 4/9/00  Gift of life walk/run		Signature:		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zone: <i>KB5</i> CBL: 443-A-001 Zoning Approval: <i>[Signature]</i> <b>Special Zone or Reviews.</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: <i>K</i>		Date Applied For: <i>April 6 2000 K</i>		Signature:		Date:	

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building 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..

call Donna Grane 772-7270 \*\*\*\*

**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 provisions of the code(s) applicable to such permit

4/6/00

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**

Approved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

CEO DISTRICT

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