

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

Permit No: 04-0939	Issue Date:	CBL: 443 A001001
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Location of Construction: 1000 Preble St	Owner Name: City Of Portland	Owner Address: 389 Congress St	Phone: 874-8793
Business Name:	Contractor Name: National Kidney Foundation Maine	Contractor Address: PO Box 1134 Portland	Phone
Lessee/Buyer's Name	Phone:	Permit Type:	

Proposed Project Description: 20'x30' canopy to be set up 10/24/04 removed 10/24/04	Back Cove park w/20'x30' canopy to be set up 10/24/04 removed 10/24/04	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 1
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) <input type="checkbox"/> <input type="checkbox"/> Approved w/Condition <input type="checkbox"/>				

	Date Applied For:			
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..	Special Zone or Reviews			Historic Preservation
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not in District or Landma
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Does Not Require Revie
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Approved w/Condition
	Maj <input type="checkbox"/> <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

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

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Dept:	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 07/09/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Pending	Reviewer: Mike Nugent	Approval Date:
Note:			Ok to Issue: <input type="checkbox"/>
Dept: Fire	Status: Approved	Reviewer: Lt. MacDougal	Approval Date: 07/26/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>

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