Cit	y of Portland, Maine	e - Build	ling or Use Pe	ermit A	Application	P	ermit No:	Issue Dat	e:	CBL:	
389	Congress Street, 0410	1 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		05-1314			443 A00	1001
Location of Construction: Owner Name:				C		Owner Address:				Phone:	
			CITY OF PORT			389 CONGRESS ST					
			Contractor Name:			Contractor Address:			Phone		
Lessee/Buyer's Name Pho			Phone:		Permit Type: Tents				Zone:		
Past	t Use:		Proposed Use:		-	Permit Fee: Cost of Work:			rk:	CEO District:	
-			ne AFSP event				\$	30.00	0 1		
						FIR		Approved Denied	Use Gr	CTION: roup:	Туре
Pro	posed Project Description:		1			1					
Tei	nt for the AFSP event					Signature: Sign			Signatu	nature:	
						PEDESTRIAN ACTIVITIES DISTRIC			TRICT (CT (P.A.D.)	
						Action: Approved Approve			proved w	ed w/Condition Denied	
						Sign	nature:			Date:	
Permit Taken By: Date Applied martin 09/09/200			pplied For: /2005		Zoning Approval				l		
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		nreclude the	Special Zone or Re		iews Zoning Appeal			Historic Preservation		
1.			Shoreland		☐ Variano	☐ Variance		☐ Not in District or Landm			
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscellaneous			☐ Does Not Require Revie		
3.	within six (6) months of the date of issuance.			Flood Zon		☐ Conditional Us			Requires Review		
False information may invalidate a building permit and stop all work			Subdivision			☐ Interpretatio			Approved		
				Site Plan			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.	e owner to permit fo	o make this appli r work described	med procation a	as his authorized application is iss	e prolegie produce pro	nt and I agree I certify that the	to conform he code offi	to all ap cial's au	oplicable laws of othorized repres	of this sentative
SIG	NATURE OF APPLICAN				ADDRESS	5		DATE	3	Pl	НО

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction:		Owner Name:		Owner Address:	Phone:		
1000 PREBLE ST		CITY OF PORTLAND		389 CONGRESS ST			
Business Name:		Contractor Name:		Contractor Address:	Phone		
Lessee/Buyer's Name		Phone:		Permit Type:		Zo	one:
				Tents			
Dept: Zoning	Status:	Approved	Reviewer:	Tammy Munson	Approval Dat	e: 09/30/2	2005
Note:						Ok to Issue:	✓
Dept: Building	Status:	Approved with Conditions	Reviewer:	Tammy Munson	Approval Dat	re: 09/30/2	2005
Note:		• •		•		Ok to Issue:	✓
1) This permit DOES No	OT authori	ize any construction activitie	es. The tent m	ust be removed at the e	nd of the event.		

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	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK TIT		DATE	PHO