

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 030933

Please Read
Application And
Notes, if Any,
Attached

This is to certify that City Of Portland/A-Plus Tent Rental

has permission to Erect 20' x 40' tent; set up 7/1/03 and remove 8/1/03.

AT ~~Marginal Way~~ East End Beach L 001 A001001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and work on permit must be completed before this building or part thereof is occupied or otherwise used-in. **NO OTHER NOTICES REQUIRED.**

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 8/8/03
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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

Permit No: 03-0933	Issue Date:	CBL: 001 A001001
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Location of Construction: 0 Marginal Way East End	Owner Name: City Of Portland	Owner Address: 389 Congress St	Phone:
Business Name: n/a	Contractor Name: A-Plus Tent Rental	Contractor Address: 342 U S Route 1 Scarborough	Phone: 2078838497
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Tents	Zone: R0S

Past Use: Park	Proposed Use: Park / Erect 20' x 40' Tent; set up 7/29/03 and break down 8/01/03.	Permit Fee: \$35.00	Cost of Work: \$0.00	CEO District: 1
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Proposed Project Description: Erect 20' x 40' tent; set up 7/29/03 and break down 8/1/03.	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: N/A Type: Signature: [Signature] Signature: [Signature] PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____
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Permit Taken By: gg	Date Applied For: 07/30/2003	Zoning Approval
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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 <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"/> Date: 07/16/03	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____
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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 APPLICANT _____ ADDRESS _____ DATE _____ PHONE _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ DATE _____ PHONE _____

Tent Permit Application

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

Location/Address of Construction: <i>East End Beach (grass Area near bathhouse)</i>		
Date of Tent setup: <i>7/29/03</i>	Date of Tent breakdown: <i>8/1/03</i>	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <i>001 A 001</i>	Owner: <i>City of Portland</i>	Telephone: <i>874-4000</i> <i>cell: 831-8225</i>
Lessee/Buyer's Name (If Applicable) <i>John Lambert</i>	Applicant name, address & telephone: <i>Lambert Coffin Attorneys</i> <i>477 Congress St. P.O. Box 15215</i> <i>Portland Me 04112-5215</i>	Fee: <i>\$3000</i>

The following must be included as submissions:

1. Certificate of Flammability
2. Letter of approval from property owner. If the City is the owner, please contact Ted Musgrave from the Parks & Recreation @ 874-8793
3. Plot Plan showing the following:
 - i. Property lines
 - ii. Parking
 - iii. Building locations
4. Tent location, including dimensions of tent, exits and entrances in tent.
5. If the City is the property owner, Certificate of Insurance listing the City as additional Insured. Minimum amount of coverage is \$400,000.00

Whom should we contact when the permit is ready: *Ted Musgrave*

Mailing address:

Optimist Sailing Championship
OK per Ted Musgrave 7/29/03

PHONE: *756-8275 v. 211*

We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A STOP WORK ORDER WILL BE ISSUED AND A \$100.00 FINE LEVIED IF ANY WORK STARTS BEFORE THE PERMIT IS PICKED UP.

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO PROCEED.

I hereby certify that I have been in the jurisdiction. I shall have the authority to sign this permit.

Signature

Please process - sending check per Ted M. 7/20/03

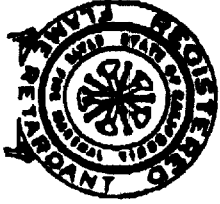
or that the owner of record authorizes the proposed work and that I am an authorized agent. I agree to conform to all applicable laws of this city. If this permit is issued, I certify that the Code Official's authorized representative may be contacted at any reasonable hour to enforce the provisions of the codes applicable to this work.

Date: *7-29-2003*

This is

ce ANY work until the permit is issued.

Certificate of Flame Resistance



REGISTERED
FABRIC
NUMBER

F53501

Issued by

TOPTEC, INC.
1905 N.E. Main Street
Simpsonville, SC 29681

Date Manufactured

08/28/02

*This is to certify that the materials described
are inherently flame retardant.*

Name A-PLUS RENTAL DIV/DUUBLE T CO

Address 342 US RT 1

City SCARBOROUGH

State _____

ME

04074

Zip _____

Certification is hereby made that:

The articles described are flame-retardant, approved and registered by the State Fire Marshal and that the fabric is in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal. Fabric has been tested and passes NFPA701-96, CPA184, UL C109, MVSS302.

Method of Application: The Flame Retardency of this Fabric is Inherent and Permanent.

Description of item certified: PARTY 20x40 WHITE

The Flame Retardant Process Used WILL NOT Be Removed By Washing.
TOPTEC, INC.



Supervisor

MODEL TTP204000

SERIAL # 223728

ALUMNI CERTIFICATE OF LIABILITY INSURANCE

207 761 2045 P.01 07/29/2003

PRODUCER (207)761-1636 FAX (207)761-2045
Smithwick & Clarke Insurance, Inc.
400 Commercial Street
Portland, ME 04101
Herrick Skinn

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

7-29
O. Skinn
certified
WOUND Portland Yacht Club
Po Box 66692
40 Old Powerhouse Rd.
Falmouth Foreside, ME 04105

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: North American Specialty	29874
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
A X	<input type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	50C0002087-01	03/01/2003	03/01/2004	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED STRUCTURE (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP ADD \$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A X	<input checked="" type="checkbox"/> UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	50U0002087-01	03/01/2003	03/01/2004	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Retention \$ 10,000
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/DISCUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER P & I	50H0002087-01	03/01/2003	03/01/2004	LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Junior Olympics from 7/29/03 to 8/01/03

CERTIFICATE HOLDER

City of Portland
Parks & Rec Office
Attn: Ted Musgrave
276 Conco Road
Portland, ME 04103

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE 

EAST END BEACH

Test for H plus for Rain

20+40' DRAIN

Bath House

