

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

DEPARTMENT OF BUILDING INSPECTION

PERMIT

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

Permit Number: 050426

APR 29 2005

RECEIVED

Please Read Application And Notes, If Any, Attached

This is to certify that City Of Portland
has permission to Tent for Peaks to Portland Sw Event
AT 0 Marginal Way 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 Maine 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 in progress must be reported before this building or part thereof is closed-in. 24 HOUR NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. Jay Kelley P.F.D.
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 4/29/05
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

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

05-0426

001 A00 001

APR 29 2005

RECEIVED

Location of Construction: 0 Marginal Way <i>EAST END BEACH</i>		Owner Name: City Of Portland		Owner Address: 389 Congress St		Phone:	
Business Name:		Contractor Name:		Contractor Address:		Phone:	
Lessee/Buyer's Name		Phone:		Permit Type: Tents		Zone: <i>ROS</i>	
Past Use: ROS		Proposed Use: ROS tent for Peaks to Portland Swim Event <i>for 7/23/05</i>		Permit Fee: \$30.00		Cost of Work: \$30.00	
				CEO District: 1		INSPECTION: Use Group: <i>U</i> Type: <i>Tent</i>	
Proposed Project Description: Tent for Peaks to Portland Swim Event				FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: <i>TBC 2003</i>	
				Signature: <i>Jay Kelley P.F.D.</i>		Signature: <i>[Signature]</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied			
				Signature		Date	

Permit Taken By: dmartin	Date Applied For: 04/19/2005	Zoning Approval			
<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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"/>	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	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input checked="" 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: <i>4/20/05</i>	
	Date: <i>4/29/05</i>				

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

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 05-0426	Date Applied For: 04/19/2005	CBL: 001 A001001
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Location of Construction: 0 Marginal Way	Owner Name: City Of Portland	Owner Address: 389 Congress St	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Tents	

Proposed Use: ROS tent for Peaks to Portland Swim Event on Jult 23,2005	Proposed Project Description: Tent for Peaks to Portland Swim Event
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 04/20/2005
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 04/29/2005
Note: **Ok to Issue:**

1) This permit DOES NOT authorize any construction activities. The tent must be removed at the end of the event.

Dept: Fire **Status:** Approved **Reviewer:** Jay Kelley **Approval Date:** 04/21/2005
Note: **Ok to Issue:**

Certificate of Flame Resistance



REGISTERED
Fabric No.
F-308.02

ISSUED BY

Meridian Manufacturing
5050 Poplar Ave., Ste. 1432
Memphis, TN 38137

Date 4/17/04
manufactured

This is to certify that the materials described on the reverse side hereof have been flame-retardant treated (or are inherently nonflammable).

FOR Celina Tent Company ADDRESS 5373 St. Rte 29
CITY Celina STATE OH ZIP 45822

Certification is hereby made that: (Check "a" or "b")

(a) The articles described on the reverse side of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

(b) The articles described on the reverse side hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.
Trade name of flame-resistant fabric
Group II No. M1606

Chem. Reg. No.

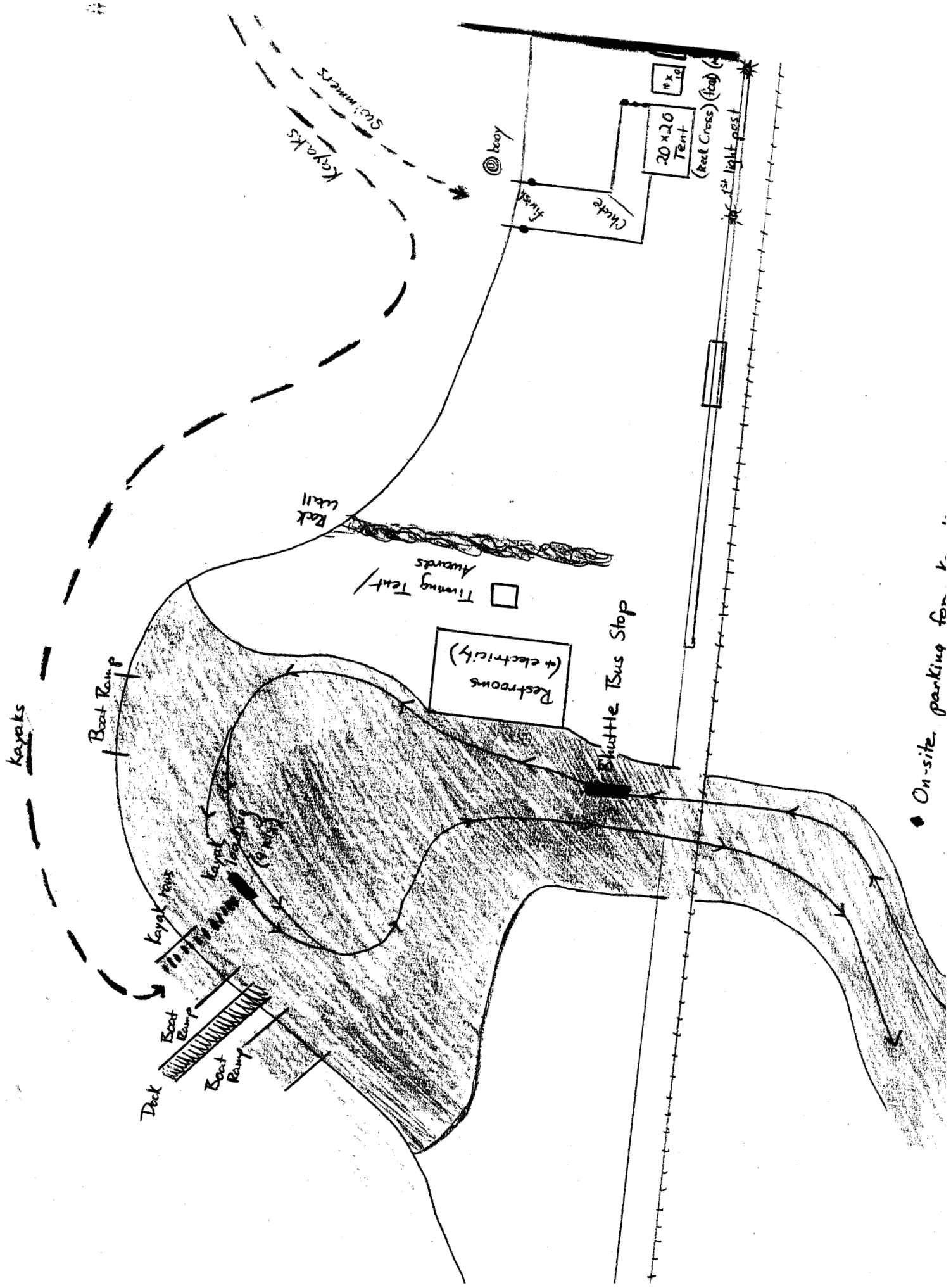
The Flame Retardant Process Used will not Be Removed By Washing
(will or will not)

Dakstrand

by Anita Carson, sales

Name of Applicant or Production Superintendent

COPY



● On-site parking for v.

PRODUCER

Morse, Payson & Noyes
P.O. Box 406
Portland ME 04112-0406
Phone: 207-775-6000 Fax: 207-775-0339

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.

INSURED

Cumberland County Y M C A
70 Forest Avenue
P O Box 1078
Portland ME 04104-1078

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A	Philadelphia Indemnity Ins Co	18058
INSURER B		
INSURER C		
INSURER D		
INSURER E		

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	PHPK105442	01/01/05	01/01/06	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
		<input type="checkbox"/>				PERSONAL & ADV INJURY	\$ 1,000,000
		<input type="checkbox"/>				GENERAL AGGREGATE	\$ 2,000,000
		<input type="checkbox"/>				PRODUCTS - COMP/OP AGG	\$ 2,000,000
		<input type="checkbox"/>				GEN'L AGGREGATE LIMIT APPLIES PER LOC	
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NO OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY	\$
		EXCESS UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/>					\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E L EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E L DISEASE - EA EMPLOYEE	\$
		OTHER				E L DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The City of Portland is additional insured with respect to the named insureds operations only for the Peaks Island to Portland's East End Beach Swim on July 23, 2005. 5:00AM to 11:00AM Swim at 8:00AM - Fundraising Event

CERTIFICATE HOLDER

City of Portland
Parks & Recreation Dept
Att: Ted Musgrave
134 Congress Street
Portland ME 04101

CITYOPO

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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Scott Twitchell

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.