

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

Permit No: 04-1047	Issue Date:	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: Cumberland County YMCA	Contractor Address: Portland	Phone: 2078741111
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: ROS

Past Use: East End Beach	Proposed Use: East End Beach to Peaks Island Beach Swim event	Permit Fee:	Cost of Work:	CEO District:	
Proposed Project Description: Tent for event, set up on 7/3 1/04 take down on 7/3 1/04		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U Type: Tent BOCA 1999 re: [Signature]		
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied			
		Signature: _____ Date: _____			

Permit Taken By: Idobson	Date Applied For: 07/27/2004	Zoning Approval		
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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: <u>7/29/04</u>	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

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

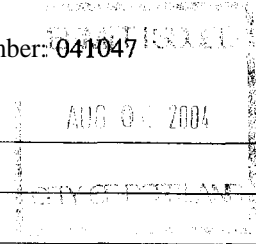
BUILDING INSPECTION

PERMIT

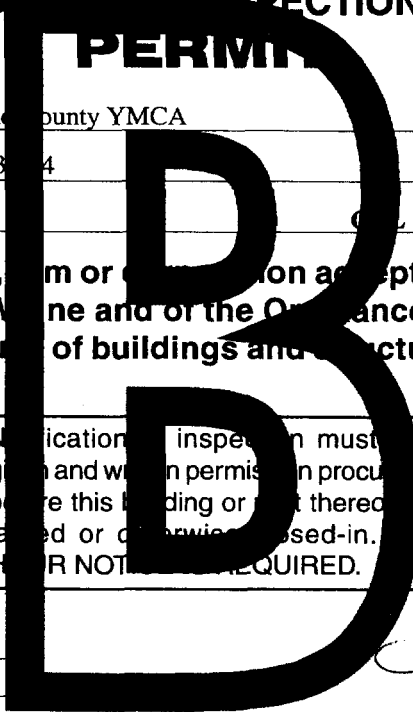
Permit Number: 041047

Please Read Application And Notes, if Any, Attached

This is to certify that City Of Portland/Cumberland County YMCA
 has permission to Tent for event, set up on 7/31/04
take down on 7/31/04
 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 occupied or services used-in. HOUR NOT REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. AMM

Health Dept. _____

Appeal Board _____

Other _____
DepartmentName

[Signature]
 8/4/04
 Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Submit Application to Room 315, Portland City Hall, 389 Congress Street, Portland, ME 04101
 207-874-8703; fax 207-874-8716. Please allow 10 Business Days for processing.

Tent Permit Application

If you are 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 ^{Event} Construction: <u>Peaks to Portland Swim: East End Beach and Peaks Island Beach</u>		
(<u>2004</u>)		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>001 A 001</u>	Owner: City <input checked="" type="checkbox"/> Portland	Telephone: <u>874-8703</u>
Lessee/Buyer's Name (If Applicable) <p style="text-align: center; font-size: 1.2em;"><u>N/A</u></p>	Applicant name, address & telephone: <u>Cumberland County YMCA</u> <u>70 Forest</u> <u>Portland Maine 04101</u>	Fee: \$30.00
Whom should we contact when the permit is ready: <u>Anne-Marie Brown</u> Mailing address: <u>70 Forest Avenue</u> <u>Call</u> <u>Po Box 1078</u> PHONE: <u>(207) 874-1111 ext. 209</u> <u>Portland, ME 04101</u>		
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.		

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COPY

05/20/2003

13:57

4195940948

CELINA TENT

Certificate of Flame Resistance



REGISTERED
Fabric No.

F-306.02

ISSUED BY

Meridian Manufacturing
5050 Poplar Ave., Ste. 1432
Memphis, TN 38157

Date 4/17/02
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 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.

Name of chemical used _____ Chem. Reg. No. _____

Method of application _____

(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. M11608

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

Dale Strand
Name of Applicator or Production Superintendent

by Anita Carson, sales
Title

507
F



Sent : FEB 26 2004



CITY OF PORTLAND, PARKS & RECREATION
APPLICATION TO USE CITY PARKS & PUBLIC SPACE

PLEASE TYPE OR PRINT WITH HARD POINT PEN.

MUST BE SUBMITTED 30 DAYS PRIOR TO EVENT OR A \$25.00 LATE FEE MAY BE CHARGED.

TODAY'S DATE: 2 / 18 / 04 YOUR NAME Leona Accuosti
BUSINESS / ORGANIZATION Cumberland County YMCA
ADDRESS: 70 Forest Ave, PO Box 1078, Portland ZIP CODE 04104
CONTACT PERSON(S) Anne-Marie Jannace TITLE Financial Development & PE Director
TELEPHONE 874-1111 ^{ext. 209} WORK 874-1111 ex. 209 CELL _____ FAX 874-1114
EMAIL ADDRESS ajannace@cumberlandcountyymca.org OTHER _____

EVENT AND AREA OR FACILITY TO BE USED (Please be specific.)
East End Beach and Peaks Island Beach

WHAT WILL BE THE ANTICIPATED NEED FOR PARKING AS A RESULT OF THIS EVENT? HOW WILL YOU PROVIDE PARKING?
150 cars = Looking to secure satellite parking w/ Shuttle service

HOW WILL YOU PROVIDE NECESSARY BATHROOM FACILITIES FOR THIS EVENT?
Utilize onsite facility - YMCA to provide paper products

DATE(S) REQUESTED July 31st, 2004 RAIN DATE (IF NEEDED) August 1st, 2004
TIME(S) REQUESTED 5:00AM - 11:00AM ^{\$215.00} ESTIMATED NUMBER OF PARTICIPANTS 150

LIST ANY MATERIAL / EQUIPMENT / VEHICLES TO BE PLACED ON CITY PROPERTY:
One 20x20 Tent, One YMCA Van on Trail (behind fence) for loading/unloading, Tables & Chairs, Two 10x10 Tents

SPECIAL REQUIREMENTS: (ELECTRICITY/WATER HOOK-UP ETC.)
Electricity

INSURANCE - PLEASE HAVE "CITY OF PORTLAND, MAINE" LISTED AS ADDITIONAL INSURED - MINIMUM COVERAGE \$400,000.

PERMIT FEES: \$40 for first hour plus \$35 per each additional hour (Example: 3 hour event - \$110.)
[Please make check payable to the City of Portland]. Additional fees may be required

PLEASE RETURN FORM AT LEAST 30 DAYS PRIOR TO USE TO:
Portland Parks & Recreation, 276 Canco Road, Portland, ME 04103 ATTN: Ted Musgrave / 207-756-8275 - Fax 207-756-8279
email: tvn@ci.portland.me.us

FOR CITY USE ONLY

Date Received	____/____/____	Reviewed By	_____	Approved	_____
Certificate of insurance	_____	Permit Fee \$	_____	Late Fee \$	_____
Bond \$	_____				
Comments	_____				

PRODUCER
 Blake Hall Sprague\Soule Allen
 www.blakehallsprague.com
 170 Ocean Street, PO Box 2403
 South Portland ME 04116-2403
 Phone: 207-799-5541 Fax: 207-767-7590

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 YMCA
 PO Box 1078
 Portland ME 04104

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A New Hampshire Ins. Company	
INSURER B	
INSURER C	
INSURER D	
INSURER E	

INSR ADD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	01-LX-4258694-0/000	01/01/04	01/01/05	EACH OCCURRENCE	\$ 1,000,000
				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
				MED EXP (Any one person)	\$
				PERSONAL & ADV INJURY	\$ 1,000,000
				GENERAL AGGREGATE	\$ 2,000,000
				PRODUCTS - COMP/OP AGG	\$ 2,000,000
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 (Ea accident)	\$
				BODILY INJURY (Per person)	\$
				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE (Per accident)	\$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
				OTHER THAN AUTO ONLY: EA ACC	\$
				AGG	\$
EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
				AGGREGATE	\$
					\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED, If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER
				E L EACH ACCIDENT	\$
				E L DISEASE* EA EMPLOYEE	\$
OTHER				E L DISEASE - POLICY LIMIT	\$

COPY

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
 All operations of the named insured. Peaks Island to Portland Swim, July 31, 2004, rain date August 1, 2004. The City of Portland is additional insured with respects to this event but only as respects to loss or damage arising out of negligent acts or omissions of Cumberland County YMCA in connect with said event.

CERTIFICATE HOLDER

 PORTLAN

 City of Portland
 Park & Recreation Department
 Ted Musgrave
 389 Congress Street
 Portland ME 04101

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBUIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
Cheryl Reemer

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID CE
YMCAP-1

DATE(MM/DD/YYYY)
03/30/04

PRODUCER
Blake Hall Sprague\Soule Allen
www.blakehallsprague.com
170 Ocean Street, PO Box 2403
South Portland ME 04116-2403
Phone: 207-799-5541 Fax: 207-767-7590

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PO Box 1078
Portland ME 04104

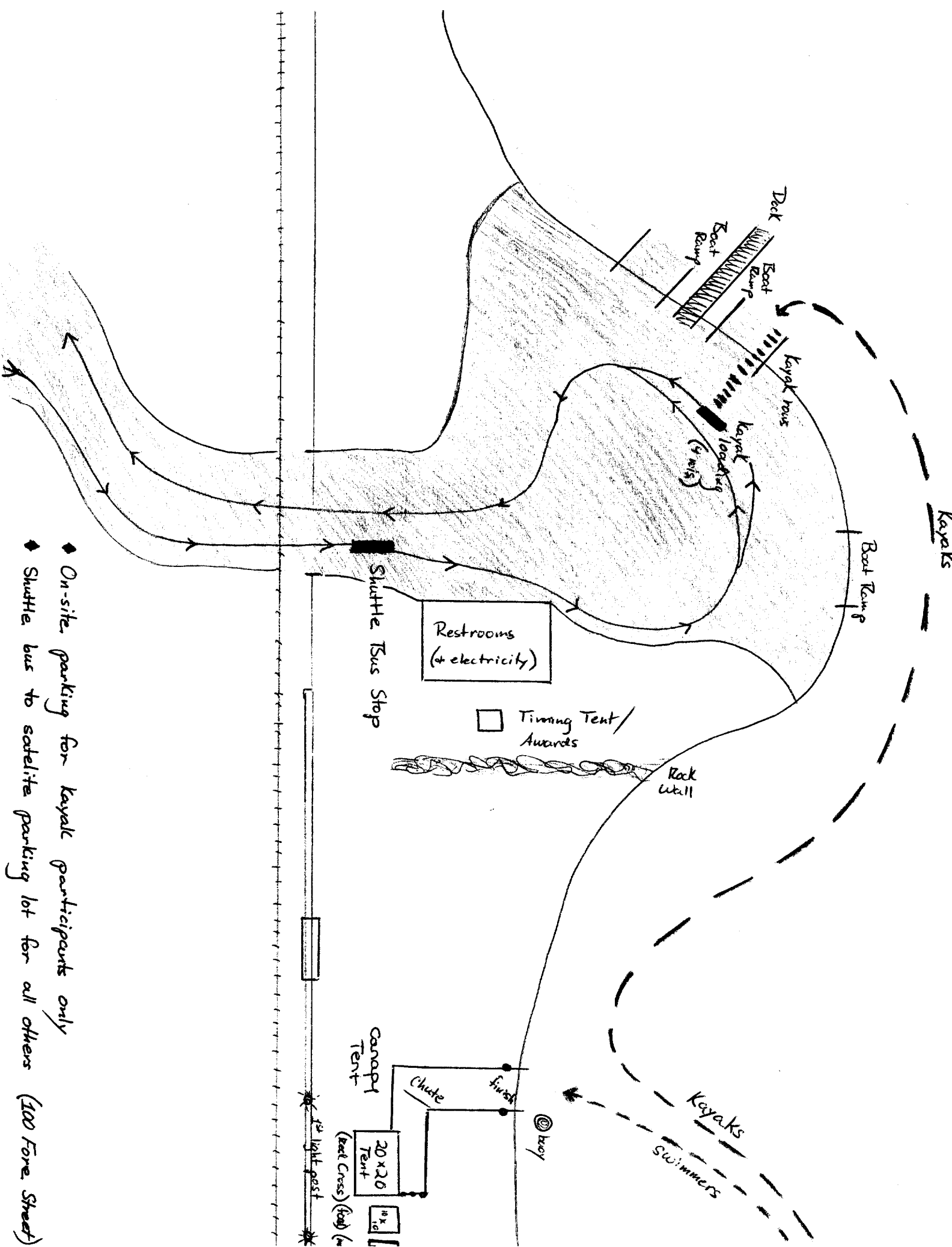
INSURERS AFFORDING COVERAGE	NAIC #
INSURER A New Hampshire Ins. Company	
INSURER B	
INSURER C	
INSURER D	
INSURER E	

INSR ADD'L LTR NSRC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	01-LX-4258694-0/000	01/01/04	01/01/05	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) \$
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
					GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> 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"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	<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 \$

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CERTIFICATE HOLDER	CANCELLATION
<p>PORTLAN</p> <p>City of Portland Park & Recreation Department Ted Musgrave 389 Congress Street Portland ME 04101</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.</p> <p>AUTHORIZED REPRESENTATIVE <i>Cheryl Keenan</i></p>



- ◆ On-site parking for kayak participants only
- ◆ Shuttle bus to satellite parking lot for all others (100 Fore Street)