

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION PERMIT

Permit Number: 061813

This is to certify that CITY OF PORTLAND /n/a

has permission to Tent 2007 Seal Splash

AT 0 MARGINAL WAY

001 A001001

PERMIT ISSUED

JAN 19 2007

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 when permission procured before this building or part thereof is laid or 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. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Signature]
1/3/07
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: 06-1813	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: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: RO

Past Use: ROS - East End Beach	Proposed Use: ROS Tent 2007 Seal Splash	Permit Fee:	Cost of Work: \$30.00	CEO District: 1
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FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>V</i> Type: <i>Tent</i> <i>FBC 2003</i>
Signature:	Signature:

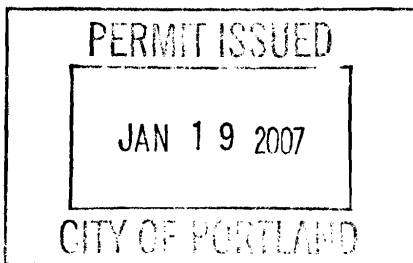
Proposed Project Description:
Tent 2007 Seal Splash (*Marine Animal Lifeline*)
January 1, 2007

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions	<input type="checkbox"/> Denied
Signature:	Date:	

Permit Taken By: dmartin	Date Applied For: 12/21/2006	Zoning Approval
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- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>12/27/06 ASB</i>	Date:	Date: <i>ASB</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 _____

Tent/Canopy or Temporary Event Staging 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/ Park of Installation: <i>East End Beach</i>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <i>001 A 001</i>	Property Owner: <i>City of Portland</i>	Telephone:
Lessee/Buyer's Name (If Applicable) <i>DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME</i> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">DEC 18 2006</div>	Applicant name, address & telephone: <i>Marine Animal Lifeline PO Box 621 Portland ME 04109 773-7377</i>	Fee: \$ 30.00
<p>The permit fee and the following items, must be completed and submitted to the Inspections Division to receive a permit.</p> <ol style="list-style-type: none"> 1. Certificate of Flammability 2. Letter of approval from property owner. If the City is owner, attach a completed copy of Application to Use City Parks & Public Space from Parks & Recreation (756-8275). 3. Plot Plan showing the following: <ol style="list-style-type: none"> i. Property lines ii. Parking iii. Existing Building locations iv. Tent/Canopy or temporary event staging locations, including dimensions, exits and entrances of proposed and existing. (Applicant may call Parks & Recreation for maps of Portland's Parks @ 756-8275). 4. If the City is the property owner, Certificate of Insurance listing the City as additional insured. Minimum amount of coverage is \$400,000.00 		

Please submit all of the information outlined in the Tent/Canopy and Event Staging permit application. Please turn in all backup material as one package. Failure to do so will result in the automatic denial of your permit.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <i>Log Zeburk</i>	Date: <i>12/12/06</i>
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This is NOT a permit; you may not commence ANY work until the permit is issued.

From: Ted Musgrave
To: Lannie Dobson
Date: 12/11/2006 3:48:59 PM
Subject: tent permit fee (p&r transfer to insp div account...)

LANNIE -

what's your account number again for tent permits....?
i'll deposit the marine animal lifeline's check and get that \$30 transferred to your account.
thankx.

hi jeff -

yes, i think that \$30 can be transferred over to the inspections div. account...

pls call lannie at inspections div: 874-8693 or 8701... for the info.. (she may need you to hand deliver the ap and needed backup materials to her office)

lannie - what's your account number again for tent permits....?
i'll deposit the marine animal lifeline's check and get that \$30 transferred to your account.

thankx

THANKS.

>>> "Jeff Schwartz" <jschwartz@maine.rr.com> 12/4/2006 1:31:35 PM >>>
Ted,

A couple more things I wanted to touch base about-

- I do have the information about the tent so I'll send that in soon. Who should that be addressed to? Regarding the \$30 fee, I believe that was included in the \$240 check that we already sent to you, so I'm assuming you can allocate that as appropriate?

- I spoke with Amanda early on about the food, and she told me that a permit or fee was not required if it was an "invitation" type event, which this is.
Thanks,

Jeff

From: Ted Musgrave
To: Jeff Schwartz
Date: 12/26/2006 12:36:14 PM
Subject: RE: marine animal lifeline (seal splash).. insurance question (and \$30 transfer payment question)

hi jeff -

(i'm only in for about 1 hour each day this wk).... so i'm about ready to head out of the office for the day.

1. a \$30 transfer should have been done back @ dec. 18 or so... (i've cc'ed charmaine at p&r finance so she can let ann and donna and deb marquis @ inspections know that the paperwork went through)

2. i've got a copy of the ins. cert..... and i'll fax that right over to ann @ inspections so they have it for their files (tent permit info). i've cc'ed ann (and donna) to let them know it's coming..

THANKS.

>>> "Jeff Schwartz" <jschwartz@maine.rr.com> 12/26/2006 2:44:27 PM >>>

Ted,

Thanks for the note. I hope Sally sees the note and that this can work out.

We really don't have any good alternative options that we can use.

ALSO- I got two calls today about things I thought were taken care of.

One was from Ann (I think that was her name) about the permit, and she said they don't have the certificate of insurance.

The other was from Donna saying they didn't have the \$30 payment (which was part of the original check we sent you).

I thought you had already made that \$ transfer and had received the insurance certificate by fax from our insurance co. Please contact these folks to see what the situation is, and let me know if there's anything more that I need to do.

Thanks,
Jeff

CC: Ann Machado; Charmaine HAISS; Debra Marquis ; Donna Martin; Sally Deluca

Fabric Specifications--Sheet C

BASE CLOTH:

Base cloth is a high strength nylon fabric woven from DuPont 210 denier, bright high tenacity yarn.

COATING:

The coating is a specially plasticized vinyl compound, containing flame retardants, uv inhibitors, heat and light stabilizers, etc. designed to give product maximum life and flexibility in the most difficult environments.

FINISHED WEIGHT: 7 oz + 1oz - .5oz/sq yd.

BREAKING STRENGTH: Grab Method Warp: 160 lbs. Min. Fill: 140 lbs. Min.

TEARING STRENGTH: Tongue Method Warp: 25 lbs. Min. Fill: 18 lbs. Min

COLD RESISTANCE:

(CCC-T-191 Method 5874) Uses low temperature plasticizers that allows fabric to be creased down to a temperature of -65° Fahrenheit with no cracking or flaking.

HEAT RESISTANCE:

(CCC-T-191 Method 5872) Does not block when subjected to a temperature of 170° + or - 4° Fahrenheit.

HYDROSTATIC RESISTANCE:

(CCC-T-191 Method 5512) The high range hydrostatic pressure resistance is not less than 25 lbs. per square inch.

OIL RESISTANCE:

Shows no leakage when lubricating oil conforming to Mil-L-6082 is held in a pocket of the coated cloth at a depth of ½ inch for one (1) hour.

HYDROCARBON RESISTANCE:

Does not crack when creased after a 5 minute immersion in hydrocarbon fluid conforming to Type II of Mil-H-3136.

MILDEW RESISTANCE:

(CCC-T-191 Method 5762) Has good resistance to mildew and does not appreciably stiffen nor have more than a 10% loss in breaking strength after the 14-day mildew resistance test.

FLAME RESISTANCE:

(CCC-T-191 Method 5902) Shows an average time of flame of not more than 12 seconds and an average length of char of 6 inches maximum when tested in accordance with the vertical flame resistance of cloth test. (Far 25.853 Par. B)

ADHESION OF COATING:

(CCC-T-191 Method 5970) 10 lbs minimum.

Safety

TVI Corporation First Responder and Hospital Decontamination System

catalog tips

product search

Go
 more options >
 substructure search >

SHOPPING CART
 items: 0
 cart is empty

Fisher Safety Catalog > Firefighting and Emergency Response > Decontamination Showers and Shelters >
TVI Corporation First Responder and Hospital Decontamination System

Decontamination systems with patented, articulating frame design offer rapid deployment, effective decontamination of NBC casualties, and efficient post-decon and knockdown. Compact three-line system offers mass decontamination for both ambulatory and nonambulatory casualties.



19-120-2343

More Details

Characteristics	Cat. No.	Qty.	Price
System, Decontamination; 3-Line for Hospitals/First Responders; Decon Shelter: 11W x 20 ft. L; Flash water heater; Shower maintenance kit; Hand sprayers; Water hoses/pump; Light; Litter conveyor; Transfer board; Floor risers	19-120-2343 TVI Corporation No.:SYS-3 LINE 11-20-1		Each for \$32,863.00

Add To Shopping Cart

Shelter Description	Standard Three-line Decon Shelter
Shelter(s)(L x W x H)	Single module 20 x 11 x 9 ft.
Exterior Fabric	None; thermal screen
Interior Fabric	Yellow/White w/skylight
Fluorescent Light Fixture, 110V (water resistant)	Two
Floor Risers (48 x 24 x 13/4 in.)	Eight
Catch Basin	One-interior
Multifuel Space Heater (150,000 BTU)	No
Diesel Generator, 5.5Kw	No
Body Sprays	Twelve (six per boom)
Hand Sprays	Four (two per boom)
Water Booms (fabric)	Two
Two-tap Manifold (1/2 x 3/4 in.)	No
Water Hose w/ CamLok connectors (20 ft. section)	One blue; one red
Water Supply Filters	No
Flash Water Heater	340,000 BTU



Marine Animal Lifeline

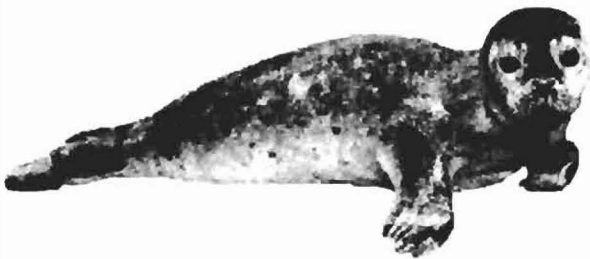
P.O. Box 621
Portland, Maine 04104

Please call if
or have any
questions.

Thanks -



Marine Mammal Rescue & Rehabilitation



24 Hour Rescue Hotline
1-888-9-HOTLINE

(1-888-946-8546)

P.O. Box 621
Portland, ME 04104
(207) 773-7377
Fax: (207) 541-1936

www.stranding.org

Email: mal@stranding.org



Toll-Free Rescue Hotline
1-888-9-HOTLINE
(1-888-946-8546)

Jeff Schwartz
Development Director

P.O. Box 621
Portland, Maine 04104
(207) 773-7377, Ext. 418
Fax: (207) 541-1936
jschwartz@stranding.org
www.stranding.org

RESCUE & REHABILITATION

stranding.org

www.stranding.org



CITY OF PORTLAND, PARKS & RECREATION

APPLICATION TO USE CITY PARKS & PUBLIC SPACE



Notice: Parks & open spaces are designated *tobacco-free* zones. Please pass this along to participants.

Today's Date: 09-20-06		Your Name: Clark Labbe (jeff schwartz)	
Business ~ Organization: Marine Animal Lifeline			
Address: PO Box 621			
City: Portland		State: ME	Zip Code: 04104
Contact Name (s): Clark Labbe		Title: Volunteer	
Telephone: 729-8309	Work: 725-5541 x11	Cell: 837-0030	Fax: 725-6638
E-mail Address: clabbe@brunswickme.org		Other: jschwartz@stranding.org	

Name of EVENT and area or facility to be used <i>(Describe and please be specific.)</i> <i>New Year's Day Seal Splash at East End Beach & grass area (use of parking lots as well) refreshments</i>		
Date(s) Requested: January 1, 2007 (Monday)	Time(s): 11AM – 1PM	Actual Time of Event: Noon
Rain Date: <i>(Add 50% of permit fee to total amount if rain date is needed):</i>		Estimated Number of Participants: 150
If you require parking, what will be the anticipated need be and how will you provide it? The existing parking spaces have been sufficient in the past		
Will you provide bathroom facilities? <i>(There may be a \$25 + cleaning fee charged if existing bathroom facilities are used.)</i> We plan to use the existing portable toilet as we did last year		
List any materials, equipment, vehicles, etc., to be placed on city property <i>(please be specific.)</i> <i>3-4 tables, 6-8 chairs, free standing warming (tent ? 10x10 canopies ?) on the lawn near the bathhouse, set up and removed by the Midcoast Haz-Mat Team</i>		
Special Needs or Requirements (electricity ~ \$5 per hour charge / water hook-up, etc.) Electricity if available		

By returning this form, (should permission be granted to use city property), the above parties agree to indemnify and hold harmless the City of Portland, its employees and agents, from and against all claims arising out of activities during said event.

INSURANCE— PLEASE HAVE “CITY OF PORTLAND, MAINE” LISTED AS ADDITIONAL INSURED - MINIMUM \$400,000.
(This insurance may not be required for some events.)

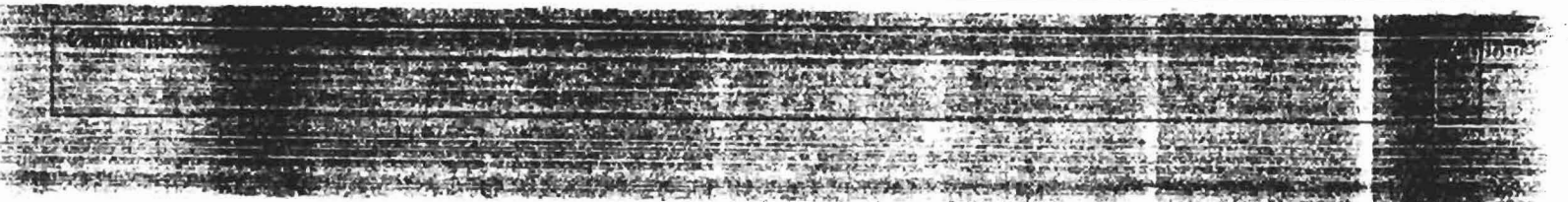
PERMIT FEES: \$40 for first hour plus \$35 per each additional hour (Example: 3 hour event - \$110)
Additional fees may be required: park security deposit, electricity fee, barricade security deposit, etc.
(Please make all checks payable to: City of Portland)

Portland Parks & Recreation will follow up with contact person, and if approved, a permit will be issued.

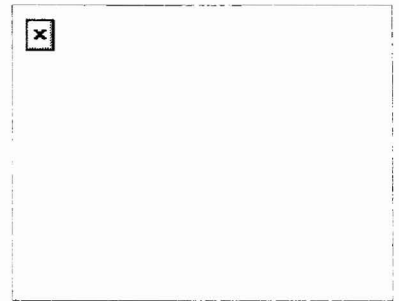
PLEASE RETURN FORM AT LEAST 30 DAYS PRIOR TO USE TO: (Please make a copy for your file.)
Portland Parks & Recreation ~ 134 Congress Street ~ Portland ~ ME ~ 04101 ~ Attn: Ted Musgrave
207-756-8275 vm211 ~ Fax 207-756-8279 email: tvn@portlandmaine.gov

For Office Use Only

Date Received:		Reviewed By:		Approved:	
Certificate of Insurance		Permit Fee \$		Other Fees \$	
				Security Deposit \$	










Seal Splash



LEGEND Selected Features

Town Lines

-  state
-  county
-  town
-  closure
-  connector
-  offshore
-  coastline

- ORTHO_1F
- ORTHO_1FB
- ORTHO_1FC
- ORTHO_1FD
- ORTHO_2F
- ORTHO_2FB
- ORTHO_2FC

Fort Fairfield
Photography

.5 Foot Color
Photography

Town Names

Road Names

MARINE ANIMAL LIFELINE'S

2007 SEAL SPLASH

January 1, 2007, 12:00 NOON
East End Beach, Portland, Maine



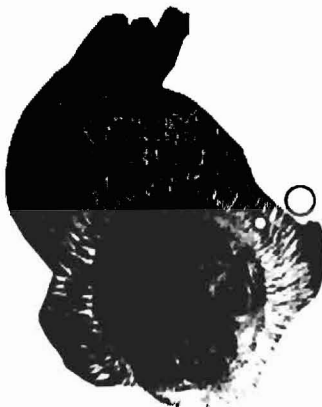
*S*plashers
NEEDED

Media sponsored by.....



You've heard of it before, widely known as the "Polar Bear Swim". It's where courageous (a.k.a. crazy) people collect pledges & jump into the ocean on New Year's Day to benefit a charity.

The **Marine Animal Lifeline** is looking for courageous people to join us and jump into the **icy** waters of the Atlantic Ocean on January 1st to help raise money to rescue and rehabilitate sick and injured seals.



If I can do it....
so can you!

REGISTRATION IS EASY!

Visit www.stranding.org

Or call 773-7377, Ext 411

Prizes awarded to top pledge achievers!

To: Ann + Donna v. Ings
 Fran. Ted M.

DEPT. OF BUILDING INSPECTION
 CITY OF PORTLAND, ME
 877-8716
 DEC 26 2006

12-26-06
 1 page Req

12/19/2006 Time: 10:34 AM To: ted musgrave @ 7568279
 Page: 1

RECEIVED

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 12/19/2006

PRODUCER (207)797-4900 FAX (207)874-4069 Coastal Insurance Group LLC 558 Brighton Avenue Portland, ME 04102	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 Marine Animal Lifeline P O Box 621 Portland, ME 04104	INSURERS AFFORDING COVERAGE INSURER A: MMG Insurance Company NAIC # 15997 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.

INSR ADD'L LTR	INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CP0101834	01/12/2006	01/12/2007	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea. Occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 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 DEDUCTIBLE \$ 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 \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 One day event The Seal Splash January 1, 2007 from 11:00 a.m. to 4:00 p.m.
 City of Portland as additional insured

CERTIFICATE HOLDER City of Portland Ted Musgrave 389 Congress Street 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 _____ 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 Brenda Barrault
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