

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

**BUILDING INSPECTION
 PERMIT**

Permit Number: 101101

PERMIT ISSUED

This is to certify that CITY OF PORTLAND / Acom Productions / Michael Levine

has permission to "Naked Shakespeare" Event w/ stage set-up & Breakdown 09/15 2010

AT 456 CONGRESS ST CBL 027 G001001

AUG - 9

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 written permission procured before this building or part thereof is lathed or otherwise 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

James Burke 9/8/10
 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: 10-1101	Issue Date:	CBL: 027 G001001
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Location of Construction: 456 CONGRESS ST	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Phone:
Business Name:	Contractor Name: Acorn Productions /Michael Levine	Contractor Address: P.O. Box 304 Westbrook	Phone 2076503051
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: B-3

Past Use: Monument Square	Proposed Use: Monument Square - "Naked Shakespeare" Event w/ stage set-up & Breakdown 09/13/2010	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>U</i> Type: <i>Tent</i>	

Proposed Project Description: "Naked Shakespeare" Event w/ stage set-up & Breakdown 09/13/2010	Signature:	Signature: <i>JMB 9/8/10</i>
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: Idobson	Date Applied For: 09/08/2010	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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input checked="" 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 <i>approved</i>	<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>JMB per MES</i>	Date:	Date:

PERMIT ISSUED

AUG - 9 2010

City of Portland

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

Department of Building Inspections

Original Receipt

9.9 20 10

Received from Alcor Construction

Location of Work Waverlet Sq

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 30

Building (1L) _____ Plumbing (1S) _____ Electrical (12) _____ Site Plan (U2) _____

Other rent

CBL: 2761

Check #: 2769 Total Collected \$ 30

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

City of Portland, Maine - Building or Use Permit

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

Permit No: 10-1101	Date Applied For: 09/08/2010	CBL: 027 G001001
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Location of Construction: 456 CONGRESS ST	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Phone:
Business Name:	Contractor Name: Acorn Productions /Michael Levine	Contractor Address: P.O. Box 304 Westbrook	Phone (207) 650-3051
Lessee/Buyer's Name	Phone:	Permit Type: Tents	

Proposed Use: Monument Square - "Naked Shakespeare" Event w/ stage set-up & Breakdown 09/13/2010	Proposed Project Description: "Naked Shakespeare" Event w/ stage set-up & Breakdown 09/13/2010
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 09/08/2010	Note:	Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 09/08/2010	Note:	Ok to Issue: <input checked="" type="checkbox"/>
1) This permit DOES NOT authorize any construction activities. The tent/stage must be removed at the end of the event. 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.					

PERMIT ISSUED

AUG - 9 2010

City of Portland



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: <u>Monument Square</u>		
Date of Set up/Event <u>Sept 13, 2010 (rain date 9/16)</u>		Date of Breakdown/ End of Event <u>Sept 13, 2010 (rain date 9/16)</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>27 6 1</u>	Property Owner: <u>City of Portland</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Acorn Productions</u> <u>P.O. Box 304, Westbrook, ME</u> <u>(207) 854-0065</u>	Fee: \$30.00 <u>Cell 650-3051</u>

The permit fee and the following items must be completed and submitted along with this application in order to receive a permit.

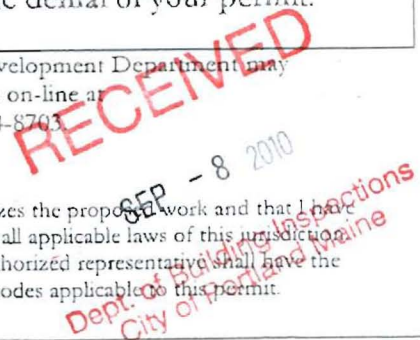
1. Certificate of Flammability
2. Letter of approval from property owner.
If the City is owner, attach a completed copy of Application to Use City Parks & Public Space from Parks & Recreation (756-8275).
3. Company name of installer (contact info).
4. Plot Plan showing the following:
Tent/Canopy or temporary event staging locations, including dimensions, exits and entrances of proposed and existing, parking and existing building locations. If this is temporary staging, you will need to include product information. (Applicant may call Parks & Recreation for maps of Portland's Parks @ 756-8275).
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

Who should we contact when permit is ready: Michael Leube
Address: P.O. Box 304, Westbrook, ME 07098 Telephone: (207) 854-0065

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

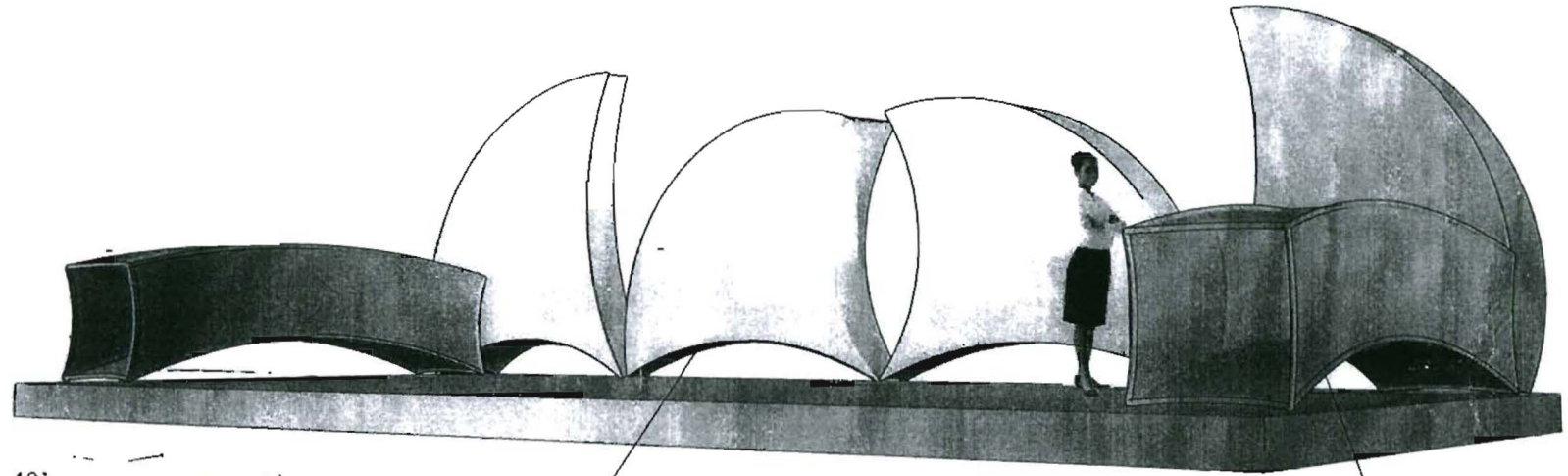
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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: <u>[Signature]</u>	Date: <u>9/8/10</u>
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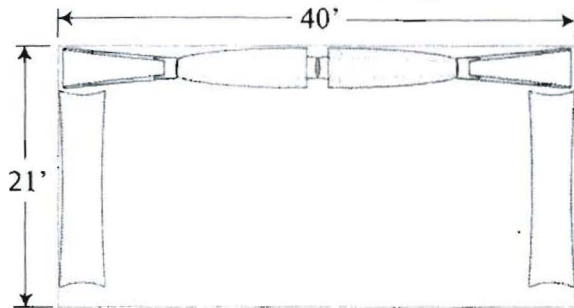
This is not a permit; you may not commence ANY work until the permit is issued.



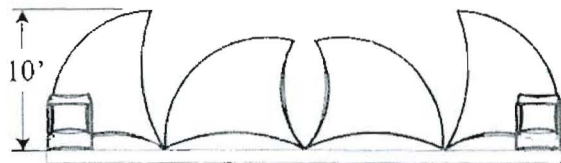
10'h x 8'w x 3'd Wave Drop (x4)

15'h x 4'4"w x 3'6"d Tango (x2)

PERSPECTIVE VIEW
not to scale



PLAN VIEW
not to scale

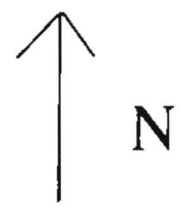


FRONT VIEW
not to scale



SIDE VIEW
not to scale

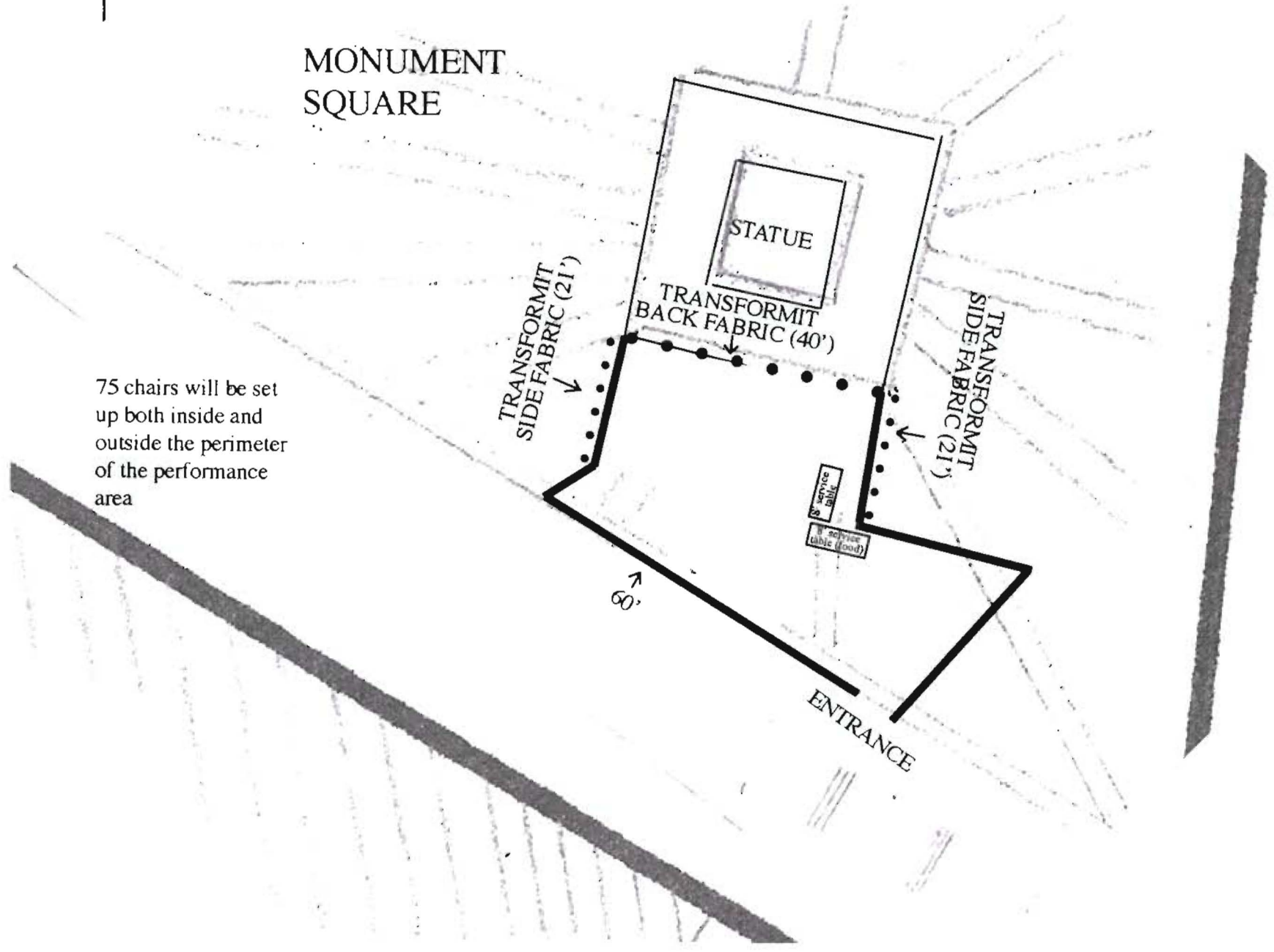
5th ST.
CONGRESS STREET



pedestrian barrier

MONUMENT SQUARE

75 chairs will be set up both inside and outside the perimeter of the performance area



CITY OF PORTLAND
134 CONGRESS ST
PORTLAND, ME

rain - Sept 6

**CITY OF PORTLAND, RECREATION and FACILITIES
MANAGEMENT**

PUBLIC PARK & SPACE APPLICATION (3 pages)
134 Congress St ~ Suite 2 ~ Portland ~ ME ~ 04101
207-756-8275 ~ Fax 207-756-8279
tvm@portlandmaine.gov

For uses of city

property, there

are typically: 1. fees charged for use of the area
2. a security deposit required 3. insurance required
(There may be fees due and applications required from other City Departments)

TODAY'S DATE	July 9, 2010	ORGANIZATION NAME	Acom Productions			
ORGANIZATION ADDRESS	P.O. Box 304		CITY	Westbrook	STATE	ME ZIP 04098
CONTACT NAME(S)	Michael R. Levine	TITLE:	Producing Director			
HOME #	207-766-5602	WORK	207-854-0065	CELL	207-650-3051	FAX n/a
EMAIL	mike@acom-productions.org		EMAIL			

PARK AREA OR PUBLIC SPACE REQUESTED	Monument Square				
EVENT DAY & DATE(S)	Tuesday, September 14, 2010	RAIN DAY & DATE(S)	Thursday, September 16		
EVENT START TIME (i.e. set-up start time)	2 p.m.	EVENT END TIME (i.e. when event cleanup is complete)	9 p.m.	ACTUAL START & END TIME OF EVENT	7 p.m. to 8:30 p.m.

EVENT NAME	EXPECTED ATTENDANCE
Naked Shakespeare presents "Sonnets and Soliloquies"	75

DESCRIPTION OF EVENT: Please be specific regarding area of public space/park and describe Event in detail. If submitting a request for a Road Race (other than around Back Cove and using Back Cove Pathway for the route), please include a detailed MAP of the COURSE (as this will need to be approved by City Departments and the Manager's Office)

Naked Shakespeare will be presenting a performance of short speeches and plays under a large tent to be erected between the Our Lady of Victories statue and Shay's restaurant. The performance area will be cordoned off in order to allow for beer and wine sales within the gated area. Patrons will also be offered a buffet-style dining option.

IS THERE A REGISTRATION FEE?	Admission fee	
IF YES, HOW MUCH?	FEE	\$10
	STUDENT FEE	\$

WHAT WILL BE THE ANTICIPATED NEED FOR PARKING AND WHAT IS YOUR PARKING PLAN? Patrons will be encouraged to park in the Monument Square garage, which should provide plenty of spaces for the anticipated crowd.

PLEASE CHECK OFF AND ANSWER:

PLEASE SEE ATTACHED FEE SCHEDULE / DEPT. INFORMATION IF YOU ANSWER YES

	X-YES	X-NO	X-NOT SURE
• Are you setting up a canopy(s)? (canopy is 10x10 size) How many? Canopies in large areas (Monument Square, Deenng Oaks, Payson Park, Lincoln Park, Preble Street Grass Area), do not need Recreation's review. For smaller parks and squares (such as Congress Square, Tommy's Park, Post Office Park) review and permission is needed from Recreation.		X	
• Do you wish to set up a tent(s)? (a canopy or tent larger than 10x10 needs to be approved by Recreation and a Tent Permit issued from Inspections Division; please call Inspections for information on their application process / PLEASE give them at least a 2-week notice). Recreation will contact Inspections once the tent location is approved so that the Tent Permit Application may go forward. State size(s). 20 x 20 (most likely) Exact Location(s) of Tent Placement Requested: see above	X		

CERTIFICATE OF FLAME RETARDANCY

issued by

MID ATLANTIC FABRIC TREATMENTS, INC.

303 South Main Street, Pittsburgh, PA 15215, (412) 782-3050

This is to certify that the following materials, received for:

Transformit
33 Sanford Drive
Gorham, ME 04038Date treated 2/9/06

This is to certify that the following items have been flame retarded:

Yards and Description

216 Linear Yards Fiber Content Marvel Stretch, White - 60"

And is rated to pass current requirements of: NFPA 701 and FAA 25.853

Tests made on fabrics which have been treated as indicated above have demonstrated that their fire retardancy will withstand up to 20 solvent dry cleanings. Thus, no routine annual re-treating of such fabrics is necessary.

Certificate Number. 1200#11652 Dense
Hvy wt Spandex
(Wax Drop Walls)

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/25/2010

PRODUCER (207) 774-6257 FAX: (207) 774-2994

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.

Clark Insurance
2385 Congress Street
P O Box 3543
Portland ME 04104

INSURERS AFFORDING COVERAGE NAIC #

INSURED
Acorn Productions
PO Box 304
Westbrook ME 04098

INSURER A Peerless Insurance 24198
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/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	CBP854126B	11/14/2009	11/14/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
	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 EA AGG \$ AUTO ONLY 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 OTHER				WC STATUTORY LIMITS OTH-ER E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$

*rent
Acorn*

AL (A)

rent car

8-26-10

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Certificate holder is named as additional insured as required by written contract with regards to the general liability arising out of the activities of the insured.

CERTIFICATE HOLDER

(207) 756-8279
The City of Portland
134 Congress St
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 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
Johanna Kerry/BJCK *Johanna C. Kerry*

8-26

Lorraine / Jeph

These folks are installing
a large Fabric Substrate
Backdrop for their
performance!!

I will ask them to submit
an application with your Dept.

Tucker

Ted M.