

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 02-1115	Issue Date:	CBL: 034A B001001
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Location of Construction: 84 Marginal Way	Owner Name: City Of Portland	Owner Address: 389 Congress St	Phone:
Business Name: n/a	Contractor Name: One Stop Party Shop	Contractor Address: 262 Main Street South Portland	Phone 2077675966
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Tents	Zone: RCS

Past Use: Park	Proposed Use: Park / Erect Tent on 10/04/02 breakdown 10/05/02. For American Diabetes Association.	Permit Fee: \$35.00	Cost of Work: \$0.00	CEO District: 1
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Proposed Project Description: Erect tent 10/04/02 and breakdown 10/05/02 for American Diabetis Association.	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U Type: 2C 10/4/02
	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</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: gg	Date Applied For: 10/01/2002	Zoning Approval	
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<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"/> Date: <i>[Signature]</i> 10/2/02	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

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT PERMIT

Permit Number: 021115

This is to certify that City Of Portland/One Stop Permit Shop
has permission to Erect tent 10/04/02 and break down 10/04/02 for American Diabetes Association.
AT 84 Marginal Way 034A B001001

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 on permit must be completed before this building or part thereof is leased or occupied. 48 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. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 10/4/02
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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: <u>Back Cove</u>		
Date of Tent setup: <u>10/4/02</u>	Date of Tent breakdown: <u>10/5/02</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>034</u> Block# <u>AB</u> Lot# <u>001</u>	Owner: <u>One Stop Party Shoppe</u>	Telephone: <u>767-5966</u>
Lessee/Buyer's Name (If Applicable) <u>American Diabetes Association</u>	Applicant name, address & telephone: <u>163 Lancaster St, 7th Suite 98R Port. ME 04101 # 774-7717</u>	Fee: \$ 35.00 <u>35 -</u>
<p>The following must be included as submissions:</p> <ol style="list-style-type: none"> 1. Proof of Flam Retardant 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: <ol style="list-style-type: none"> i. Property lines ii. Parking iii. Building locations 4. Tent location, including dimensions of tent, exits and entrances in tent <u>Back Cove - Preble St. across from Hannaford.</u> 		
Who should we contact when the permit is ready: <u>Christine Noble</u>		
Mailing address: <u>774-7717</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 fee if any work starts before the permit is picked up. PHONE:		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS 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: <u>C.M. Noble</u>	Date: <u>10/1/02</u>
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This is NOT a permit; you may not commence ANY work until the permit is issued.

Certificate of Flame Resistance



REGISTERED
FABRIC
NUMBER

F121.4

Issued by

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

Date Manufactured

02/22/01

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

Name ONE STOP PARTY SHOP

Address 252 MAIN STREET

City S PORTLAND

State ME

Zip 04106

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, CPAI84, ULC109, MVSS302.

Method of Application: _____

Description of item certified: FUTURE END 30x30 WHITE

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

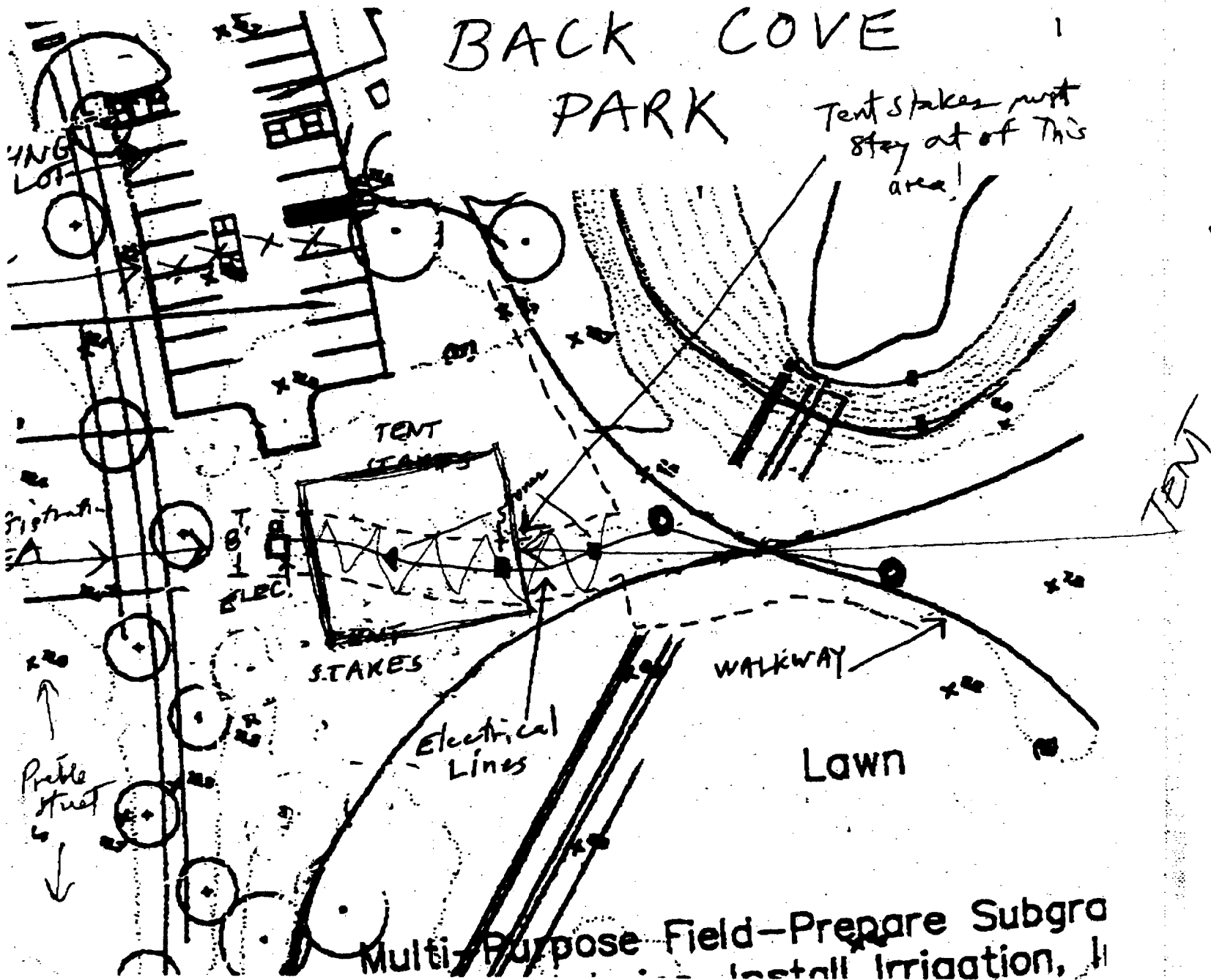
TOPTEC, INC.


Name of Production Superintendent

MODEL TU303000E

SERIAL # 211668

BACK COVE PARK



For - Terry

To J&A

874-8716

1/20/02

Multi-Purpose Field - Prepare Subgra
Install Irrigation, H