

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

CONSTRUCTION

PERMIT

Permit Number: 050664

PERMIT ISSUED

JUN 10 2005

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

This is to certify that City Of Portland

has permission to Tent for the Easter Seal Event

AT 61 Park Ave

035 I00100

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.

1 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 altered or closed-in. **HEAVY 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. Cap. Grea CAPS 6-2-05
Health Dept. _____
Appeal Board _____
Other _____
DepartmentName

[Handwritten Signature]
c/10/05
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

Permit No: 05-0664	Issue Date: PERMIT ISSUED JUN 10 2005	CBL: 035 ID01001
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Location of Construction: 61 Park Ave	Owner Name: City Of Portland	Owner Address: 389 Congress St	Phone:
Business Name:	Contractor Name:	Contractor Address: CITY OF PORTLAND	Phone:
Lessee/Buyer's Name:	Phone:	Permit Type: Tents	Zone: ROS
Past Use: ROS	Proposed Use: ROS tent for the Easter Seal Event on 6-11-05	Cost of Work: \$30.00	CEO District:
Proposed Project Description: Tent for the Easter Seal Event on 6-11-05		FIRE DEPT: Approved _ Denied w/ conditions	INSPECTION: Use Group: U Type: Tent IBC 2003 Signature: Capt G Lass Signature: _____
		'EDESTRIAN 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: 05/31/2005	Zoning Approval		
<p>1.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	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: OK 5/31/05	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 checked="" 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: 6/10/05	

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: 05-0664	Date Applied For: 05/31/2005	CBL: 035 I001001
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Location of Construction: 61 Park Ave	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 the Easter Seal Event on 6-11-05	Proposed Project Description: Tent for the Easter Seal Event - on 6-11-05
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Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 06/11/2005
Note: **Ok to Issue:**

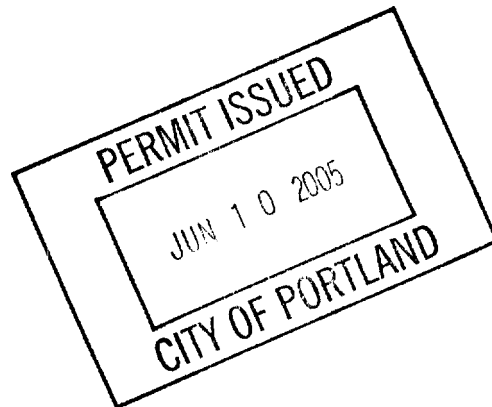
1) This permit DOES NOT authorize any construction activities. The tent must be removed at the end of the event.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Cptn Greg Cass **Approval Date:**
Note: **Ok to Issue:**

1) No open flame in or near tent.

2) Maintain spacing of ten feet from other tents.

Dept: Fire **Status:** **Reviewer:** **Approval Date:**
Note: **Ok to Issue:**



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 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>DEERING OAKS PARK, PORTLAND</u>		
Date of Tent setup: <u>6-11-05</u>	Date of Tent breakdown: <u>6-11-05</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>35</u> k# <u>I</u> Lot# <u>001</u>	Owner: <u>City of Portland</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, telephone: <u>EAST</u> address & <u>600 Southborough Exchanges Mall</u> <u>S. PORTLAND, ME 4 Drive</u> <u>S. PORTLAND ME 4106</u>	Fee: \$30.00

The following must be included as submissions:

1. Certificate of Flammability
2. Letter of approval from property owner. If the City is the owner, please contact Ted Musgrave at Parks & Recreation @ 874-8793
3. Plot Plan showing the following:
 - i. Property lines
 - ii. Parking
 - iii. Existing Building locations
 - iv. Tent locations, including dimensions of all tents, exits and entrances in tent.
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

Whom should we contact when the permit is ready: MARY BRANT
 Mailing address: 600 Southborough Drive, S. Portland, ME 04106
 PHONE: 828-0754 EXT. 1005

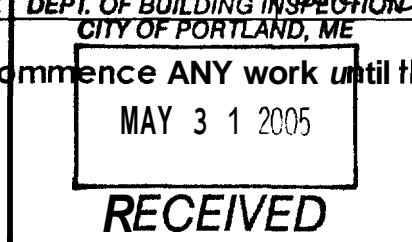
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A STOP WORK ORDER WILL BE ISSUED AND A \$100.00 FINE LEVIED IF ANY WORK STARTS BEFORE THE PERMIT IS PICKED UP

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: MARY BRANT DEPT. OF BUILDING INSPECTION | 127/05
 CITY OF PORTLAND, ME

This is NOT a permit: you may not commence ANY work until the permit is issued.



11/23

Certificate of Flame Resistance

REGISTERED
FABRIC
NUMBER

F-140.01

ISSUED BY
JOHNSON WORLDWIDE ASSOCIATES, INC.
BINGHAMTON, NEW YORK 13902
*Manufacturers of the Finest
Tent Products Described Herein*

Date of Manufacture
January 1998

This is to certify that the products herein have been manufactured from material inherently flame retardant as here after specified by the material supplier.

NAME: A Plus Party Rental
CITY Scarborough STATE ME

Certification is hereby made that:

The articles described on this certificate have been manufactured with an approved flame retardant chemical in compliance with California State Fire Marshal Code, NFPA-701*, Underwriters Laboratory of Canada, and have been tested in accordance with the Federal Test Method Specifications and meet or exceed the Military Flame Specifications of MIL-C-43006G.

Type, color and weight of material: 12oz Vinyl White

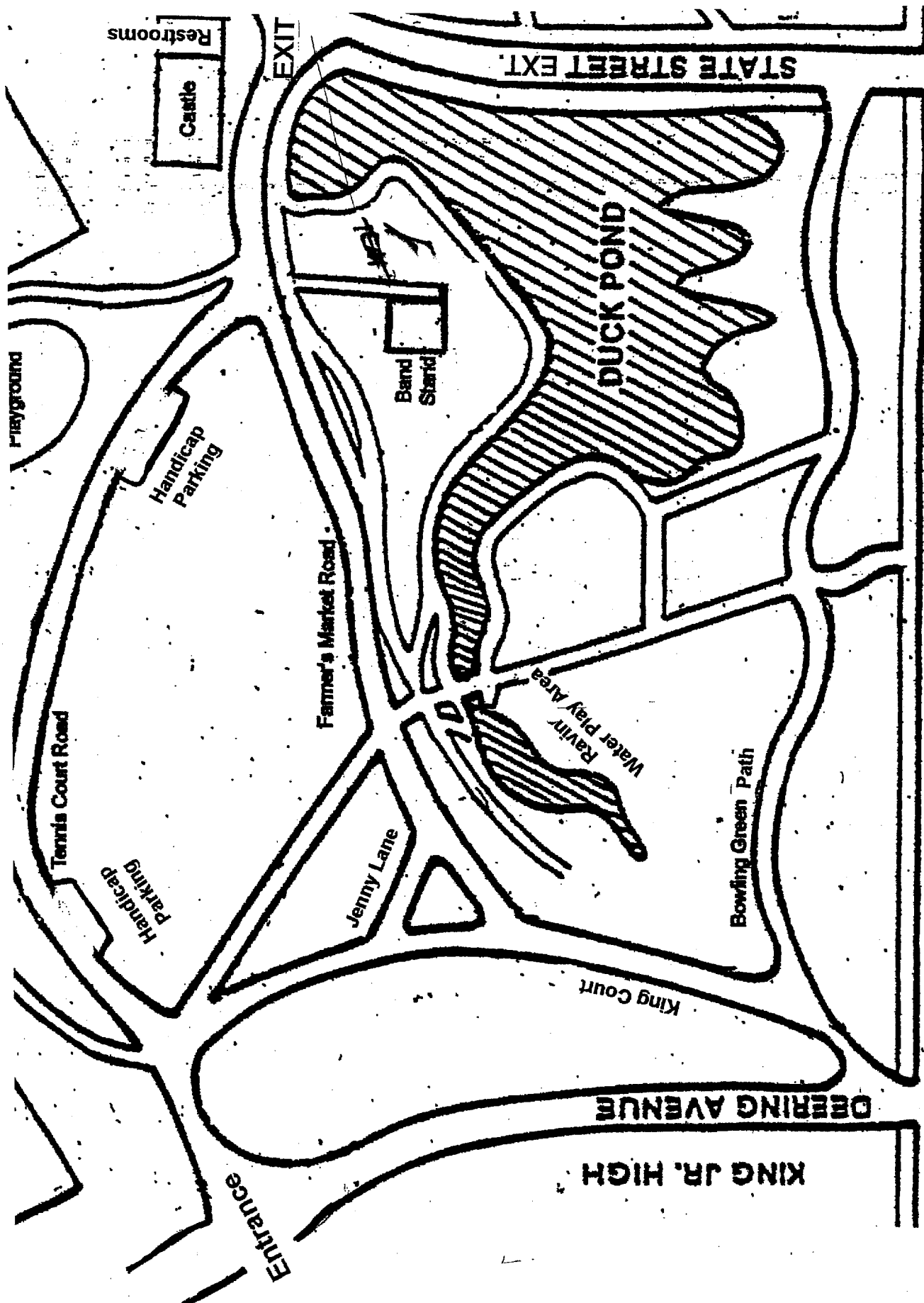
Description of item certified: 20x20 Party Canopy Top

**Flame Retardant Process Used Will Not Be Removed By Washing And
Is Effective For The Life Of The Fabric**

Snyder Manufacturing, Inc.
Manufacturer of Flame Retardant Vinyl Laminates

[Signature]
TENT DEPARTMENT, JOHNSON WORLDWIDE ASSOCIATES, INC.

* Large Scale



Restrooms

Cattle

EXIT

STATE STREET EXT.

Playground

Handicap Parking

Band Stand

DUCK POND

Farmer's Market Road

Tennis Court Road

Handicap Parking

Jenny Lane

Water play Area

Bowling Green Path

King Court

DEERING AVENUE

KING JR. HIGH

Entrance

PARK AVENUE

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03131105

PRODUCER
USI New England
PO Box 6360
Manchester, NH 03108-6360
603 625-1100

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.

INSURERS AFFORDING COVERAGE **NAIC #**

INSURED
Easter Seals NH, Inc.
555 Auburn St.
Manchester, NH 03103

INSURER A	Philadelphia Insurance Company	23850
INSURER B	Travelers Insurance Co-Comm. Lines	19038
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 LTR	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PHPK092814	09101104	09101/05	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS H	PHPK092814	09101104	09101105	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ AUTO ONLY: AGG \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10000	IPHUB035261	09/01104	09101/05	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	TC2KUB101D889205	01/01105	01/01/06	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

RE: Walk-A-Thon Event on June 11, 2005, Deering Oaks Park, Portland, ME.

1:00pm to 6:00pm

City of Portland is named additional insured with respect to CGL.

** Supplemental Name **

[See Attached Descriptions]

City of Portland
Portland Parks & Recreation
134 Congress Street
Portland, ME 04101

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.

AUTHORIZED REPRESENTATIVE

Anna M. Milne

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

DESCRIPTIONS (Continued from Page 1)

Easter Seals NH, Inc.
Easter Seals NY, Inc.
Easter Seals ME, Inc.
STS, Inc.
Agency Realty, Inc.