

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK  
**CITY OF PORTLAND**

BU **PERMIT** ION

Please Read Application And Notes, If Any, Attached

Permit Number: 090839

PERMIT ISSUED

This is to certify that City Of Portland/Hospice of Se ern Mai

has permission to 20' x 40' tent for "Twilight in the Park" 12/1/9

AT 355 State St

CP 035 1001001 DEC - 1 1998

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 lath or other work is used-in. 2 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. CAPT. R. Gauthier

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_  
Department Name

*[Signature]*  
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: 09-0839	Issue Date:	CBL: 035 1001001
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Location of Construction: 356 State St	Owner Name: City Of Portland	Owner Address: 389 Congress St	Phone:
Business Name:	Contractor Name: Hospice of Southern Maine	Contractor Address: 180 US Route One Scarborough	Phone 2072893649
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: ROS

Past Use: ROS - Deering Oaks	Proposed Use: ROS - Deering Oaks - 20' x 40' tent for "Twilight in the Park" 12/6/09	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 2
Proposed Project Description: 20' x 40' tent for "Twilight in the Park" 12/6/09		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Condition	INSPECTION: Use Group: <u>U</u> Type: <u>Temp</u> <u>Temp Structure</u>	
		Signature: <u>(KG)</u>	Signature: <u>[Signature]</u>	
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: tmm	Date Applied For: 11/06/2009	<b>Zoning Approval</b>		
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..		<b>Special Zone or Reviews</b> <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>11/10/09</u>	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <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: _____

**PERMIT ISSUED**

DEC - 1 2009

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 - Building or Use Permit**

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

<b>Permit No:</b> 09-0839	<b>Date Applied For:</b> 11/06/2009	<b>CBL:</b> 035 I001001
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<b>Location of Construction:</b> 356 State St	<b>Owner Name:</b> City Of Portland	<b>Owner Address:</b> 389 Congress St	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Hospice of Southern Maine	<b>Contractor Address:</b> 180 US Route One Scarborough	<b>Phone:</b> (207) 289-3649
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Tents	

<b>Proposed Use:</b> ROS - Deering Oaks - 20' x 40' tent for "Twilight in the Park" 12/6/09	<b>Proposed Project Description:</b> 20' x 40' tent for "Twilight in the Park" 12/6/09
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 11/09/2009	<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 11/30/2009	<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Capt Keith Gautreau	<b>Approval Date:</b> 11/10/2009	<b>Note:</b> 1) Tents shall have an approved fire resistant rating, Maintain 10' between stake lines, No smoking or open flame within 10', Provide at least 1 2 A 10 BC extinguisher.	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>

<b>Comments:</b> 11/9/2009-Ldobson: Hold for e-mail from ted
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## 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>Deening Oaks Park</u>		
Date of Set up/Event: <u>12/6/2009</u>	Date of Breakdown/ End of Event: <u>12/6/2009</u>	
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>35      I      1</u>	Property Owner: <u>City of Portland</u>	Telephone: <u>(207) 756-8275</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Hospice of Southern Maine 180 US Route One Scarborough, Maine 04074 (207) 289-3643</u>	Fee: \$30.00
<p>The permit fee and the following items must be completed and submitted along with this application in order to receive a permit.</p> <ol style="list-style-type: none"> <li>1. Certificate of Flammability</li> <li>2. Letter of approval from property owner. If the City is owner, attach a completed copy of Application to Use City Parks &amp; Public Space from Parks &amp; Recreation (756-8275).</li> <li>3. Company name of installer (contact info).</li> <li>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 &amp; Recreation for maps of Portland's Parks @ 756-8275).</li> <li>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</li> </ol> <p style="text-align: right;"><u>20' x 40' Twilight Twilight in the Park</u></p> <p>Who should we contact when permit is ready: <u>Amy Shibles</u> Address: <u>180 US Route One, Scarborough</u> Telephone: <u>289-3643</u></p>		
<p>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.</p> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</div>		

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](http://www.portlandmaine.gov), stop by the Building Inspections office, room 315 City Hall or call 877-687-6033. NOV - 6 2009

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes me to make this application as his/her authorized agent. I agree to conform to all applicable laws and regulations of the City of Portland, Maine. 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>Amy L Shibles</u>	Date: <u>10.15.2009</u>
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**This is not a permit; you may not commence ANY work until the permit is issued.**



**CALIFORNIA DEPARTMENT OF FORESTRY and FIRE PROTECTION  
OFFICE OF THE STATE FIRE MARSHAL**

**REGISTERED FLAME RESISTANT PRODUCT**

**Product:**  
PRECONTRAIINT 702 BLACKOUT

**Registration No.**  
F-14408

**Product Marketed By:**  
FERRARI SA  
BK54, 38352 LA TOUR DU PIN  
LA TOUR DU PIN, FRANCE

This product meets the minimum requirements of flame resistance established by the California State Fire Marshal for products identified in Section 13115, California Health and Safety Code.

The scope of the approved use of this product is provided in the current edition of the **CALIFORNIA APPROVED LIST OF FLAME RETARDANT CHEMICALS AND FABRICS, GENERAL AND LIMITED APPLICATIONS CONCERNS** published by the California State Fire Marshal.

*Pat Sanchez*

Deputy State Fire Marshal

**Expire: 06/30/2004**



**Leavitt & Parris**  
Awnings, Tents, and Party Rentals

256 Read Street  
Portland, ME 04103

(207)797-0100 1-800-833-6679 Fax 797-4194

E-mail: [contact@leavittandparris.com](mailto:contact@leavittandparris.com)

Website: [www.leavittandparris.com](http://www.leavittandparris.com)

# Google maps Deering Oaks Park



**A. Deering Oaks Park**  
Deering Oaks Park, Portland, Maine 04101 -  
0.1 mi NW

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 11/04/2009
PRODUCER (207)283-1486 Paquin & Carroll Insurance 260 Main St. P.O. Box 356 Biddeford, ME 04005	FAX (207)283-4258	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 Hospice of Southern Maine 180 US Route 1, #1 Scarborough, ME 04074	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: American Alternative Ins Corp	
	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 LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Professional Liab</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	VHHHGG3050912-02	10/01/2009	10/01/2010	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>50,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>3,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>3,000,000</b>
		<b>AUTOMOBILE LIABILITY</b> <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) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER 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  
**As respects to General Liability, certificate holder is an additional insured when required by contract, agreement or permit.**  
**Event: Twilight in the Park Event Dates Dec 6, 2009**

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
City of Portland 389 Congress Street Room 315 Portland, ME 04101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 <b>Andrea Todd</b>



## **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.

**From:** Ted Musgrave  
**To:** Lannie Dobson  
**Date:** 11/9/2009 2:07:42 PM  
**Subject:** Re: Twilight in the Park

hi lannie -  
yes, pls process their tent request for the ravine area of the park...  
thankx

>>> Lannie Dobson 11/9/2009 12:40:56 PM >>>  
Ted, Are you all set with the "Twilight In the Park? 12/6/2009 Hospice of Southern Maine. Thank  
you,Lannie