

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

BUILDING DEPARTMENT

## PERMIT

Permit Number: 051028

Please Read Application And Notes, if Any, Attached

**PERMIT ISSUED**  
AUG - 4 2005

This is to certify that CITY OF PORTLAND  
has permission to tent for The Lukemia & Lymphoma Society Tent 10/1/05 - tent down 10/1/05  
AT 61 PARK AVE 035 1001001

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 altered or enclosed-in. **HEAVY NOTICE IS REQUIRED.**

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

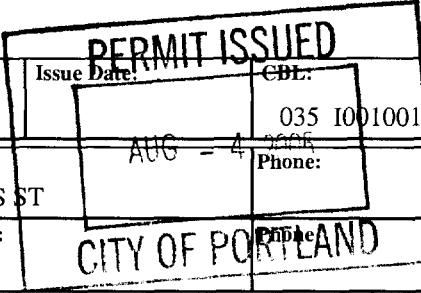
**OTHER REQUIRED APPROVALS**  
Fire Dept. Capt. Greg Cook 8-3-  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*[Signature]* 8/4/05  
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: 05-1028  
 Issue Date: AUG - 4 2005  
 CBL: 035 I001001  
 Phone:



<b>Location of Construction:</b> 61 PARK AVE	<b>Owner Name:</b> CITY OF PORTLAND	<b>Owner Address:</b> 389 CONGRESS ST
<b>Business Name:</b>	<b>Contractor Name:</b>	<b>Contractor Address:</b> CITY OF PORTLAND
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Tents <b>Zone:</b> ROS

<b>Past Use:</b> ROS	<b>Proposed Use:</b> ROS Tent for The Lukemia & Lymphoma Society Tent up 10/1/05 -Tent down 10/1/05	<b>Permit Fee:</b>	<b>Cost of Work:</b> \$30.00	<b>CEO District:</b> 1
<b>Proposed Project Description:</b> tent for The Lukemia & Lymphoma Society Tent up 10/1/05 -Tent down 10/1/05		<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>with conditions</i>	<b>INSPECTION:</b> Use Group: U Type: Tent <b>IBC 2003</b>	

Signature: *Capt. Cross*  
 Signature: *[Signature]*  
**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**  
 Action:  Approved  Approved w/Conditions  Denied  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Permit Taken By:</b> dmartin	<b>Date Applied For:</b> 07/28/2005	<b>Zoning Approval</b>	
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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..	<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: <i>07/31/05</i>	<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: _____
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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

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

Location/Address of Construction: Deering Oaks Park

Date of Tent setup: 10/1/05 Date of Tent breakdown: 10/1/05

Tax Assessor's Chart, Block & Lot Chart# <u>35</u> Block# <u>0</u> Lot# <u>001</u>	Owner: Company: <u>Atlantic Tent Company</u>	Telephone: <u>207-865-9500</u>
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Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Kim McDonough, The Leukemia &amp; Lymphoma Society, 495 Old Connecticut Path, Suite 200, Framingham, MA 01701</u>	Fee: \$ 30.00
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- 508-879-5083
- 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: Kim McDonough  
 Mailing address: The Leukemia & Lymphoma Society  
495 Old Connecticut Path, Framingham, MA 01701  
 PHONE: 508-879-5083

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: <u>Kim McDonough</u>	Date: <u>7/26/</u>
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**This is NOT a permit; you may not commence ANY work until the permit is issued.**

# MARSH

CERTIFICATE NUMBER  
NYC-002352061-01

**PRODUCER**  
MARSH USA, INC.  
1166 AVENUE OF AMERICAS  
NEW YORK, NY 10036  
Attn: NEW YORK.CERTS@MARSH.COM/212-948-0500

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

**COMPANIES AFFORDING COVERAGE**

- COMPANY  
**A** TRAVELERS INDEMNITY COMPANY OF AMERICA
- COMPANY  
**B** N/A
- COMPANY  
**C** N/A
- COMPANY  
**D** N/A

**INSURED**  
THE LEUKEMIA & LYMPHOMA  
1311 MAMRONECK AVENUE, SUITE 31D  
WHITE PLAINS, NY 10605  
MASSACHUSETTS CHAPTER

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CD LTR	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 type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT	6110A011	03/30/05	03/30/06	GENERAL AGGREGATE \$ 5,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
					PERSONAL & ADV INJURY \$ 1,000,000
					EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 1,000,000
					MED EXP (Any one person) \$ 10,000
					COMBINED SINGLE LIMIT \$
	<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				BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
					EACH OCCURRENCE \$
					AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS \$
					OTHER \$
					EL EACH ACCIDENT \$
					EL DISEASE-POLICY LIMIT \$
	OTHER				EL DISEASE-EACH EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
RE: LIGHT THE NIGHT WALK AND FESTIVITIES HELD OCTOBER 1, 2005.

PORTLAND PARKS & RECREATION  
CUMMINGS CENTER  
ATTN: TED MUSGRAVE  
134 CONGRESS STREET  
PORTLAND, ME 04101

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

MARSH USA INC.

BY: Gene Schoenhofen

*Gene Schoenhofen*

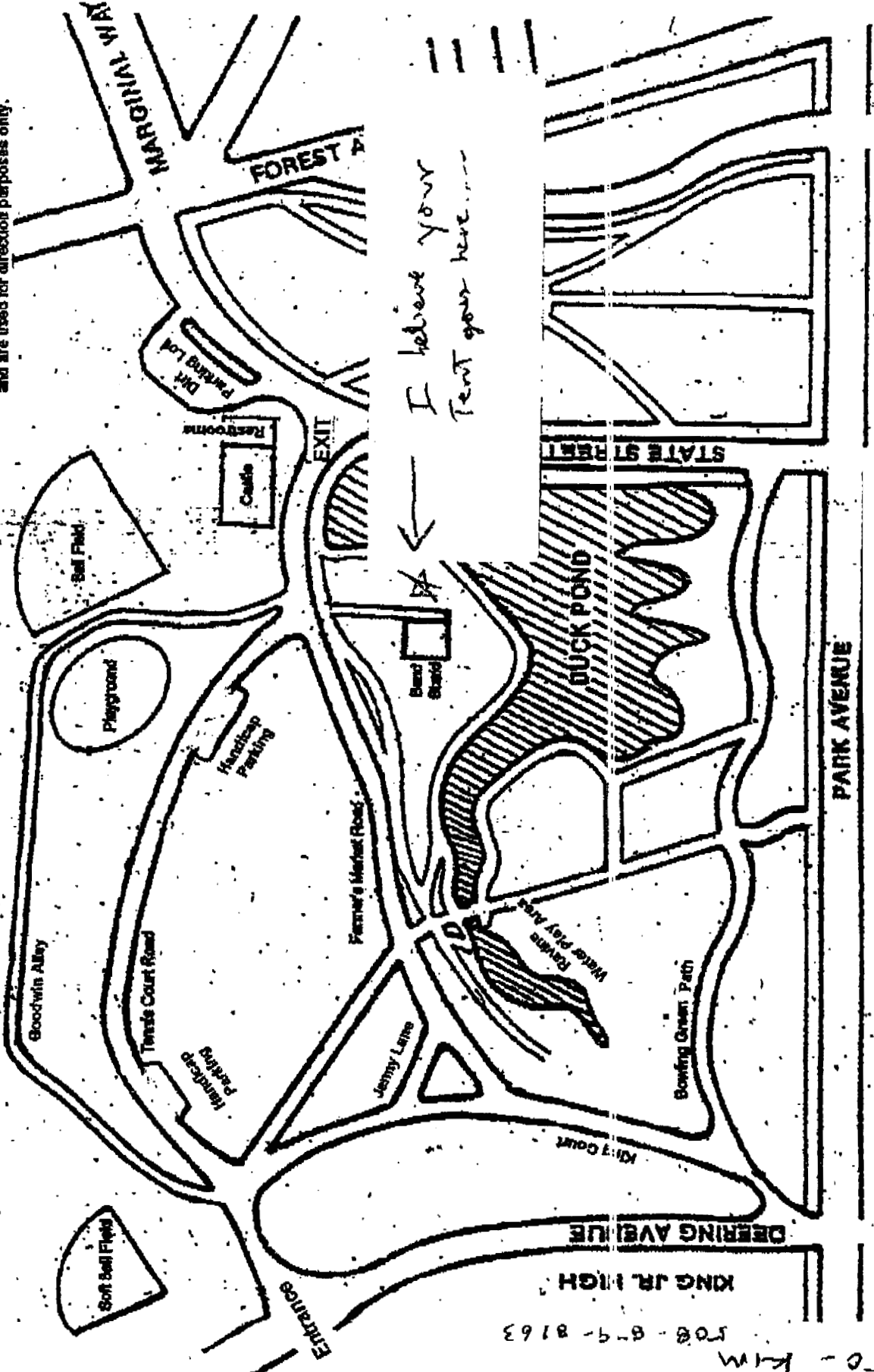
VALID AS OF: 307/22/05

# DEERING OAKS PARK

**DISCLAIMER:**

Some Park roadway names are unofficial and are used for direction purposes only.

- Baseball
- Tennis
- Handicap
- Softball
- Sand
- Volley Ball
- Homeless



*I believe your Tent goes here...*



Rue 16 04 10:24a  
 To - km  
 508-879-8163

# 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  
FEB 1999

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: ATLANTIC TENT CO.

CITY: BRIGHTON

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-43085G.

Type, color and weight of material: 140Z Vinyl Yellow & White

Description of item certified: 30' x 30' Pole Tent

**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

  
TENT DEPARTMENT, JOHNSON WORLDWIDE ASSOCIATES, INC.

\* Large Scale

The Leukemia & Lymphoma Society  
Massachusetts Chapter  
495 Old Connecticut Path, Suite 220  
Framingham, MA 01701-4567  
Phone: (508) 879-5083/(800) 488-6572 Fax: (508) 879-8163

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FACSIMILE TRANSMITTAL SHEET

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To: \_\_\_\_\_ From: Kim McDonough

Company: \_\_\_\_\_ Date: 7/25/05

Fax #: 207-874-8716 Total # of pages: 5  
(including cover sheet)

Re: Tent Permit Application

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Notes/Comments:

To Whom It May Concern:

Please see attached Tent Permit Application

- ① I have attached certificate of flammability
- ② I have received approval for the use of Deering Oaks Park and awaiting permit from Ted Musgrave in the Parks + Rec depart.
- ③ I have attached the plot plan, the dimensions of tents are (1) 30' x 30' (1) 20' x 20'
- ④ I have attached certificate of insurance

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- A check request for \$30.00 has been made to my home office. You should be receiving that check within three weeks. Please contact me with any questions. Thank you,

Kim McDonough