						PE	RMIT IS	SSUE	ן ן		
City of Portland, M 389 Congress Street,					•	rmit No: 02-0540	Issue Date	2002	CEL: 039 D00	09001	
Location of Construction:		Owner Name:			Owner Address: Phone:						
133 Pleasant St		Hellenic Ortho		mmunity Of	133 PleasanCSTY OF PORTLAND74-0281						
Business Name:		Contractor Name: Maine Bay Canvas			1	actor Address:			Phone		
Lessee/Buyer's Name		Phone:				ndustrial Wa	y Portland		2078788888		
		I none.			Ten					R-6 & B	
Past Use:		Proposed Use:		<u> </u>	<u> </u>	it Fee:	Cost of Wor	k. (CEO District:		
Greek Orthodox Church Greek Orthodox C			ox Chur	ch	*****	\$35.00		35.00	2		
					FIRE DEPT: INSP			INSPEC'	PECTION: Group: U Type: Temp. Tenst		
Proposed Project Description					4						
Erect Temporary 60 x 9 1st.		nt for Greek Fest	ival Ju	ne 26 - July	Signa PEDE	ture:	HMY1 IVITIES DIST	Oignatuit	. / /		
					Action Signa		ved 🗌 App	oroved w/C	Conditions Date:	Denied	
Permit Taken By:	Date A	pplied For:	γ		Signa		Annexa		Date.		
gad		0/2002				Zomns	g Approva	l1			
1. This permit applica	tion does not	preclude the	Spe	cial Zone or Revie	ws	Zoni	ng Appeal		Historic Prese	rvation	
Applicant(s) from meeting applicable State and Federal Rules.			☐ Shoreland			☐ Variance			☐ Not in District or Landmark		
2. Building permits de septic or electrical		plumbing,	□ w	etland	Miscellaneous				Does Not Require Review		
3. Building permits as within six (6) mont	hs of the date	of issuance.	☐ Flo	ood Zone	~~ ^	Conditi	onal Use		Requires Revi	iew	
False information r permit and stop all		e a building	Su	bdivision ~	ک	Interpre	tation		Approved		
			Sit	te Plan		Approv	ed		Approved w/C	Conditions	
			Maj₁[Date:	Minor My	02	☐ Denied Date:		[Dat	Denied by (SAL 5/281 e:	02 D.A	
I hereby certify that I am I have been authorized b jurisdiction. In addition, shall have the authority t	y the owner t if a permit fo	o make this appli or work described	med pro cation a I in the	s his authorized application is is	e prop l agent sued.	t and I agree I certify that	to conform t	o all app icial's au	olicable laws of thorized repre	of this	
such permit.							•		(/ FF		
SIGNATURE OF APPLICAN	T			ADDRESS			DATE		PHON	JE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

02-0545

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.

the City, payment arrangements r	must be made before peri	mits of any kind a	ire accepted.
Location/Address of Construction: 133	3 Pleasant	+ 51	
Date of Tent setup:		breakdown:	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 039	Owner: Holy Tri		Telephone: 774-0281
Lessee/Buyer's Name (If Applicable)	Applicant name, address telephone:	Fe	ee: \$ 35.00
 The following must be included as submis Proof of Flam Retardant Letter of approval from property of the Parks & Recreation @ 874-8793 Plot Plan showing the following: Property lines Parking Building locations Tent location, including dimensions 	wner, if the City is the own	Paine Bay 3 Indus	ct Ted Musgrave from Canas Final Way OY103
Who should we contact when the permit is Mailing address: We will contact you by phone when the perview the requirements before starting are and a \$100.00 fee if any work starts before	permit is ready. You must only work, with a Plan Review	come in and pick	up the permit and
F THE REQUIRED INFORMATION IS NOT INCLUDENIED AT THE DISCRETION OF THE BUILDING NFORMATION IN ORDER TO APROVE THIS PER THE DISCRETION OF THE BUILDING NFORMATION IN ORDER TO APROVE THIS PER THE DISCRETATION OF THE DISCRETATION	P/PLANNING DEPARTMENT, RMIT. Tamed property, or that the owne ication as his/her authorized age of this application is issued. I certify	we may require or of record authorizes ont. I agree to conform of that the Code Official	the proposed work and that I in to all applicable laws of this in its authorized representative.
Signature of applicant: My Home	1.	Date: 5/2	20/02
This is NOT a permit; you may no	ot commence ANY we	DEPT. OF BUILDING	

[MAY-13-2002 12:0		NSURANCE	N. Tap	207 879 6127	P.03/03				
_		FICATE OF LIAB	ILII Y II	NOUKAI	TOL .	04/18/(UUZ				
Br	oucex (207)773-5641 adish-Young Insurance Box 3899	FAX (207)879-6127	ONLY AND	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.						
	rtland, ME 04104-5099		ALVER III	INSURERS AFFORDING COVERAGE						
INSU	MED Holy Trinity Hellen	ic Orthodox Church	INSURER A:	Massachusett	s Bay Insurance (Co				
	133 Pleasant Street		INSURER B:							
	Portland, ME 04101		INSURER C:							
	•		INSURER O:							
			NSURER E							
CO	VERAGES									
A	NY REQUIRÉMENT, TÉRM OR CONDI AV BERTAIN THÉ INSURANCE AFFO	BELOW HAVE BEEN ISSUED TO THE INSU TION OF ANY CONTRACT OR OTHER DOC ROED BY THE POLICIES DESCRIBED HER N MAY HAVE BEEN REDUCED BY PAID CL	UMENT WITH RES EIN IS SUBJECT T	XPECT TTI WHICH I'R	IS CERTIFICATE MAY BE U	SSUELI LIK				
門		POLICY NUMBER	DATE IMMODAY	DATE INMODRY	UMIT	3				
<u>۳۰۰</u>	GENERAL LIABILITY		03/16/2002		EACH OCCURRENCE	1,000,000				
1	X COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	s not covere				
	CLAIMS MADE X OCCUR	1			MED EXP (Any one person)	\$ 5,000				
A					PERSONAL & ADV INJURY	3 1,000,000				
Ī					GENERAL AGGREGATE	\$ 1,000,000				
	GENTL AGGREGATE LIMIT APPLIES PER:	1			PRODUCTS - COMP/OP AGG	3 1,000,000				
	POUCY PRO LOC					<u> </u>				
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	ANY AUTO	[
	ALL OWNED ALITOS	1			BODILY INJURY (Per person)	\$				
	SCHEDULED AUTOS	1								
	NON-OWNED AUTOS				BCDILY INJURY (Per accident)	\$				
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					(Per accident)	•				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$				
	ANYAUTO]			OTHER THAN EA ACC					
<u> </u>										
	EXCESS LIABILITY				EACH OCCURRENCE	\$ 2				
	OCCUR CLAIMS HADE	i 1			AGGREGATE	\$				
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	REFERITION &	Ì				\$				
-	WORKERS COMPENSATION AND				WC STATU- CITY-					
l	EMPLOYERS' LIABILITY	1		1	E.L. EACH ACCIDENT	£				
1		1 1		Į l	E.L. DISEASE - EA EMPLOYEE	\$				
					E.L. DISEASE - POLICY LIMIT	\$				
	OTHER									
DES	CRETION OF OPERATIONS LOCATIONS	ENCLESTERCLUSIONS ADDED BY ENDORSEMEN named additional insured i	T/SPECIAL PROVIS	CHS	tont bains -1					
		named additional insured in July 1, 2002 for the Gree								
	tland on June 27, 28, 2		K FOOM FEST	. 1441 CEVINA	blecd ou 133 Lies	sanc ser,				
"	crand on June 21, 20, a	.5 2002								
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L						· · · · · · · · · · · · · · · · · · ·				
CE	RTIFICATE HOLDER AD	OITIONAL INSURED, INSURER LETTER:	CANCELLAT							
			, .		AIBED POLICIES BE CANCELL					
}				-	Saung Company Will Ende					
I	City of Portland				THE CERTIFICATE HOLDER N					
ŀ	Attn: Meg Handlon			- ·-·· · -	E SHALL (MPOSE NO OBLIGA) , ITS AGENTS OR REPRESENTA					
	389 Congress St Portland, ME 04101			PRESENTATIVE						
ĺ	I AL FIGURE ME AATAT		Susan Sim		Lucuseri's	J. Linn 141,011 30				
AC	ORD 25-S (7/97)		1-n3611 21H			CORPORATION 198				

Form # P 04

Please Read

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND NOIT2

В Application And Notes, If Any, Attached

Permit Number: 020540

of buildings and street, and of the application on file in

pr	ovided that th	e person or persons,	m or		on.	ept	ting this permit shall comply with a
AT	133 Pleasant St		-			-	039 D009001
has	permission to	Erect Temporary 60 x 90 Ca	s Tent f	reek l	val Jun		- July 1st.
Thi	s is to certify that	Hellenic Orthodox Commun	Of/Main	G-nya	ıs		

of the provisions of the Statutes of Name and of the same ances of the City of Portland regulating the construction, maintenance and u this department.

Apply to Public Works' for street line and grade if nature of work requires such information.

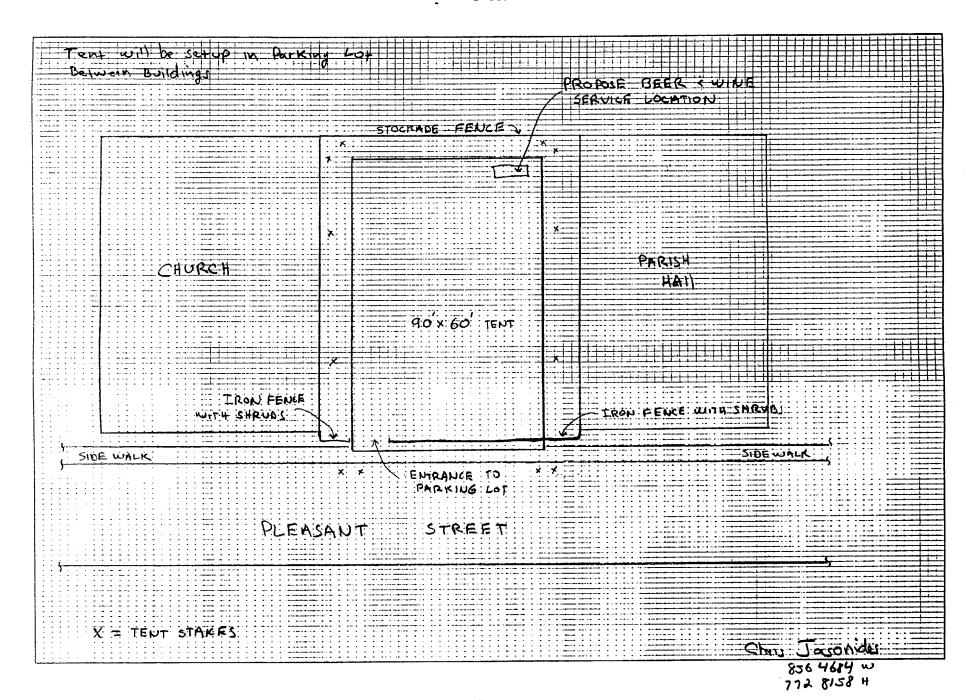
N ication inspec must and wr n permis n procu gi e this t dina or t therea b d or d la losed-in. Н R NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS Health Dept. **Appeal Board** Other Department Name

ctor - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD



Page 1



Maine Bay Canvas 53 Industrial Way, Portland, Maine 04103 207-878-8888

FAX # : (207) 878-5119

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#				
# #	FAX	COVER	Shert	;
**	#####	****	*****	: :

DATE: 5-29-02	TIME:
THIS SHEET IS PAGE # 1 OF	3 PAGES IN TOTAL!!
LT. Mc DOULAN	FROM THE DESK OF: ROW LOTA
PHONE:	PHONE:
MEMO: ENCLOSED PLEME FINA THE TEND LE LOU BE COME P FEDTIVITES FORZ 26 TO Truy	THE F.L. COLTIFYED FOR
TOSINITES OFFE TO 10 100	" Karkk

Certificate of Flame Resistance



REGISTERED FABRIC NUMBER

31.02

ISSUED BY

TOPTEC, INC. 1905 N.E. MAIN ST. SIMPSONVILLE, S.C. 29681 Date manufactured

5-7-96

This is to certify that the materials described on the obverse side hereof have been flame-retardant treated (or are inherently nonflammable).

FOR MAINE BAY CANVAS	ADDRESS3 INDUTRIAL WAY
CITYPORTLAND	STATEME
Certification is hereby m	ade that: (Check "a" or "b")
chemical approved and r	ne obverse side of this Certificate have been treated with a flame-retardant registered by the State Fire Marshal and that the application of said informance with the laws of the State of California and the Rules and ire Marshal.
Name of chemical used	Chem. Reg. No.
Method of application	
	the obverse side hereof are made from a flame-resistant fabric or material by the State Fire Marshal for such use.
The Flame Retardant Pro	ocess Used WILL NOT Be Removed By Washing
TOPTEC, INC.	MODEL TEM3015M00
Name of Production Superintenden	SERIAL ROGINGED GONISO WHITE

Certificate of Flame Resistance



REGISTERED FABRIC NUMBER

31.02

issued by

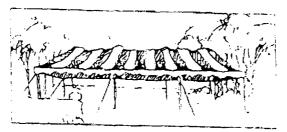
TOPTEC, INC.

1905 N.E. Main Street Simpsonville, SC 29681 **Date Manufactured**

9/23/99

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

City_	PORTLAND		State	ME	Zip 04103
Certif	ication is hereby made that	t:			
ſhe a	rticles described are flame-re	etardant, approve	ed and regis	ered by the S	State Fire Marshal and tha
	bric is in conformance with				
re Si	late Fire Marshal. Fabric has	been tested and	passes NFP	4701-96, CPA	184, ULC109, MVSS302.
ethod	of Application:				
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	of Application:otion of item certified:_EXPRESS	10x10	WHITE		
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escrip	• •			T Be Rem	oved By Washing.
escrip Th o	e Flame Retardant Pr				
escrip Th o	otion of item certified: EXPRESS				oved By Washing. ≣101000
Descrip Th o	e Flame Retardant Pr	ocess Used			E101000



Maine Bay Canvas 53 Industrial Way, Portland Maine 0410 207 876-8888

FAX # : (207) 878-5119

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5/30/82	TIME:
"-15 SHEET IS PAGE # 1 OF	PAGES IN TOTAL +
TAMMY MONSON City Hall	FROM THE DESK OF
PHONE	PHONE:
F.R. Cert.	For Greek Tent
	-

Certificate of Flame Resistance



REGISTERED FABRIC NUMBER

31.02

ISSUED BY

TOPTEC, INC. 1905 N.E. MAIN ST. SIMPSONVILLE, S.C. 29681 Date manufactured

5-7-96

This is to certify that the materials described on the obverse side hereof have been flame-retardant treated (or are inherently nonflammable).

FORMAINE BAY CANVAS	ADDRESS3 INDUTRIAL WAY
CITYPORTLAND	STATE ME
Certification is hereby t	made that: (Check "a" or "b")
chemical approved and	the obverse side of this Certificate have been treated with a flame-retardan registered by the State Fire Marshal and that the application of said onformance with the laws of the State of California and the Rules and Fire Marshal.
Name of chemical used	Chem, Reg. No
Method of application	***************************************
	the obverse side hereof are made from a flame-resistant fabric or material by the State Fire Marshal for such use.
The Flame Retardant Pr	ocess Used WILL NOT Be Removed By Washing
The Flame Retardant Propted, INC.	ocess Used WILL NOT Be Removed By Washing MODEL TEM3015M00

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you	are agreeing that you understand the
inspection procedure and additional fees f	_
Work Order Release" will be incurred if t	he procedure is not followed as stated
below.	a sale advilad with ways inspection toom your
, ,	e scheduled with your inspection team upon
receipt of this permit. Jay Reynolds, Develo	
also be contacted at this time, before any site single family additions or alterations.	e work begins on any project other than
single failing additions of afterations.	
Footing/Building Location Inspect	ion: Prior to pouring concrete
1/1	rou <u>r</u> Triot to pouring constant
Re-Bar Schedule Inspection:	Prior to pouring concrete
AVA	
Foundation Inspection:	Prior to placing ANY backfill
11/2	
///Framing/Rough Plumbing/Electric	cal: Prior to any insulating or drywalling
A Final Contigues to a Constitution of Constit	Duit and a second secon
Final/Certificate of Occupancy:	Prior to any occupancy of the structure or
,	use. NOTE: There is a \$75.00 fee per
	inspection at this point.
Certificate of Occupancy is not required for o	certain projects. Your inspector can advise
you if your project requires a Certificate of C	· · · · · · · · · · · · · · · · · · ·
inspection	recorporation in projects 2 o require a municipality
•	ur, the project cannot go on to the next
phase, REGARDLESS OF THE NOTICE	
CERIFICATE OF OCCUPANICE	ES MUST BE ISSUED AND PAID FOR,
BEFORE THE SPACE MAY BE OCCUP	TED
8 Harry	5/3/03
Signature of applicant/designee	
Signature of applicant/designee	Date Silver
Signature of Inspections Official	Date
020.000	DX-1500
CBL: USY Building Permit #:	U) 1 U) 1 U) 1 U U