

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION PERMIT

PERMIT ISSUED
Permit Number: 060648
MAY 30 2006
CITY OF PORTLAND

This is to certify that HELLENIC ORTHODOX COMMUNITY OF PORTLAND, INC.
has permission to Tent for Greek Festival up on June 22, 2006 with to be down on June 23, 2006
AT 133 PLEASANT ST 039 D009001

provided that the person or persons who apply for and accept this permit shall comply with all of the provisions of the Statutes of the State 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 when permission is procured before this building or part thereof is occupied or service is closed-in. **YOUR 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. _____
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: 06-0648	Issue Date: PERMIT ISSUED MAY 30 2006	CBL: 039 D009001
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Location of Construction: 133 PLEASANT ST	Owner Name: HELLENIC ORTHODOX COMM	Owner Address: 133 PLEASANT ST	Phone:
Business Name:	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Applicant/Buyer's Name	Phone:	Permit Type: Tents	Zone: R-6

Past Use: Commercial	Proposed Use: Commercial Tent for Greek Festival up on June 22, 2006 will come down on June, 25 2006	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 2
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Proposed Project Description: Tent for Greek Festival up on June 22, 2006 will come down on June, 25 2006	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See Conditions</i>	INSPECTION: Use Group Type <i>COMMUNITY</i> <i>1-2-3-4-5-6-7-8-9-10-11-12</i>
	Signature: <i>Greg Cass</i>	Signature: <i>[Handwritten]</i>
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature: _____ Date: _____		

Permit Taken By: dmartin	Date Applied For: 05/03/2006	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>5/4/06</i>	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 Landmar <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 >ate: _____
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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

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-0648	Date Applied For: 05/03/2006	CBL: 039 D009001
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Location of Construction: 133 PLEASANT ST	Owner Name: HELLENIC ORTHODOX COMM	Owner Address: 133 PLEASANT ST	Phone:
Business Name:	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Tents	

Proposed Use: Commercial Tent for Greek Festival up on June 22,2006 wil down on June,25 2006	Proposed Project Description: Tent for Greek Festival up on June 22,2006 will come down on June.25 2006
--	---

Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 05/04/2006	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 05/26/2006	Ok to Issue: <input type="checkbox"/>
Note:				
Dept: Fire	Status: Approved with Conditions	Reviewer: Cptn Greg Cass	Approval Date: 05/22/2006	Ok to Issue: <input type="checkbox"/>
Note:				
1) Two seperate and remote means of egress shall be maintained. No smoking or open flame allowed within 10feet A fire extinguisher is required				

m6 0648
133 Records
Bay Trunk
Terry Perry



Certificate of Flame Resistance

REGISTERED
FABRIC
NUMBER

140.01

ISSUED BY

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

Date
manufactured
1/19/95

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 ADDRESS 53 INDUSTRIAL WAY
CITY PORTLAND STATE ME 04103

Certification is hereby made that: (Check "a" or "b")

(a) The articles described on the obverse side of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used..... Chem. Reg. No.....
Method of application.....

(b) The articles described on the obverse side hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

The Flame Retardant Process Used WILL NOT Be Removed By Washing

TOPTEC, INC.

Name of Production Superintendent
MODEL TTE4040210
SERIAL# 950139L
60X90 white



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: 133 Pleasant St. Portland, ME 04101		
Date of tent setup: June 20		Date of tent breakdown: June 26
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 39 8 09	Property Owner: Holy Trinity Greek Orthodox Church	Telephone: 774-0281
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: Holy Trinity Greek Orthodox Church 133 Pleasant St. Portland	Fee: \$ 30.00

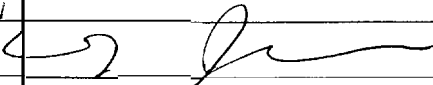
The following must be included as submissions:

1. Certificate of Flammability
2. Letter of approval from property owner. If the City is the owner, please contact Ted Musgrave at Parks and Recreation. Phone: (207)874-8793
3. Plot plan showing the following
 - a. propertylines
 - b. parking
 - c. existing building locations
 - d. tent locations, including dimensions of all tents, exits and entrances in tent.
4. If the City is the property owner you **will** be required to obtain a Certificate of Insurance listing the City as additional insured. Minimum amount of coverage is \$400,000.00

Who should we contact when the permit is ready: Chris Jasonides
 Mailing address: _____ Phone: 772-8158

Please submit all of the information outlined in this application. Failure to do so will result in the automatic denial of your permit. Staff will notify you when your permit is ready to be picked up.

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, stop by the Building Inspections office, room 315 City Hall or call 8748703.

DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME Signature of applicant 	Date: 5/3/0
MAY 3 2006 is not a permit; you may not commence ANY work until the permit is issued.	
RECEIVED	
#1139	



Holy Trinity Greek Orthodox Church

133 Pleasant Street Portland, ME C4101
(207) 774-0281

Rev. Constantine Sarantidis, Pastor

March 31, 2006

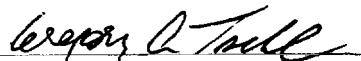
City of Portland
City Hall
Portland, Maine

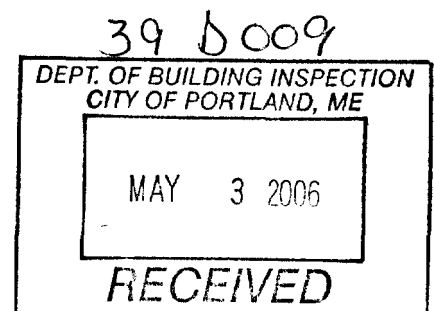
Re: Greek Festival/Tent

Dear Sirs:

This letter will confirm that the Holy Trinity Greek Orthodox Church will hold its 25th annual three day food Festival on June 22, 23 and 24, 2006. As we have done in the past, we have arranged for a large tent to be placed in the Church parking lot at 133 Pleasant Street, to house the Festival. We request your permit to proceed. *Thank you.*

Yours truly


Gregory A. Tselikis
President of the Parish Council
Holy Trinity Greek Orthodox Church

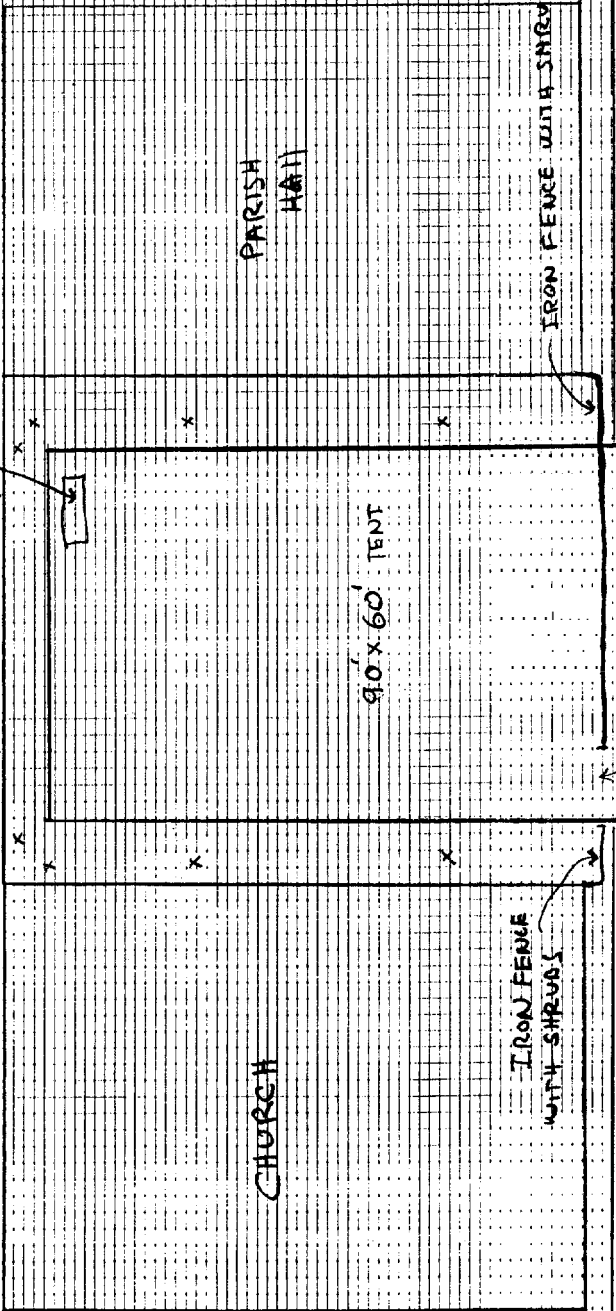


Diocese of Boston

Tent will be setup in Parking Lot
Between Buildings

PROPOSE BEER < WINE
SERVICE LOCATION

STOCKADE FENCE



PARISH HALL

CHURCH

90' x 60' TENT

IRON FENCE WITH SHRUBS

IRON FENCE WITH SHRUBS

SIDE WALK

SIDE WALK

ENTRANCE TO
PARKING LOT

PLEASANT STREET

X = TENT STAKES

Chris Jaconides
856 4684 w
772 8158 H

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

MAY 3 2006

RECEIVED

39 D 009

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/10/2006

PRODUCER (207) 781-3519 FAX (207)781-3907
Bradish-Young Insurance
 202 U.S. Route One, Box 360
 Foreside Place
 Falmouth, WE 04105

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 **Holy Trinity Hellenic Orthodox Church**
 133 Pleasant Street
 Portland, ME 04101

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A	Massachusetts Bay Ins Co	22306
INSURER B	Maine Employers Mutual Ins. Co	11149
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'L LTR INSRO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			03/16/2007	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ NOT COVERED MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <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				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY, EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC AGG \$
	<input type="checkbox"/> RETENTION 5				EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	1810003929	03/16/2006	03/16/2007	WC STATUTORY LIMITS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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:
Certificate Holder is named Additional Insured in relation to the use of Pleasant St., from June 21

City of Portland
 Attn: **Meg Handlon**
 389 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 10 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.

AUTHORED REPRESENTATIVE
Susan Parker/RJD *Susan M. Parker*

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/10/2006

PRODUCER (207) 781-3519 FAX (207)781-3907
Bradish-Young Insurance
 202 U.S. Route One, Box 360
 Foreside Place
 Falmouth, ME 04105

INSURED **Holy Trinity Hellenic Orthodox Church**
 133 Pleasant Street
 Portland, ME 04101

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INSURER C		
INSURER D		

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A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO JEC <input type="checkbox"/> LOC			03/16/2007		EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ NOT COVERED MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <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) \$
	GARAGE LIABILITY <input type="checkbox"/> A MAUTO					AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
	EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	1810003929	03/16/2006	06/07		WC STATUTORY LIMITS OTH ER 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 COVERED BY ENDORSEMENT/SPECIAL PROVISIONS
 Certificate Holder is named Addition 8 Insured in regards to the Banner being placed across Congress St from June 12 through June 26, 2006 for the Greek Food Festival to be held by-Holy Trinity Hellenic Orthodox Church, Portland, Maine

CERTIFICATE HOLDER	CANCELLATION
A & M Partners, Inc 120 Exchange St 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 Susan Parker/RJD <i>Susan M. Parker</i>

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/10/2006

PRODUCER (207)781-3519 FAX (207)781-3907
Bradish-Young Insurance
 202 U.S. Route One, Box 360
 Foreside Place
 Falmouth, ME 04105

INSURED **Holy Trinity Hellenic Orthodox Church**
 133 Pleasant Street
 Portland, ME 04101

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INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Massachusetts Bay Ins Co	22306
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INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR LOC	ZDP2063017-16	03/16/2006	03/16/2007	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ NOT COVERED MED EXP (Anyone person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS, COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NO OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> GARAGE LIABILITY				COMBINED SHGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	1810003929	03/16/2006	03/16/2007	WC STATUTORY LIMITS OTHER E L EACH ACCIDENT \$ 500,000 E L DISEASE - EA EMPLOYEE \$ 500,000 E L DISEASE - POLICY LIMIT \$ 500,000

DESIGNATION OF OPERATIONS / LOCATIONS / VEHICLE EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate Holder is named **additional insured** in regards to the canopy tent being placed on Pleasant St., June 21 through June 26, 2006 for the Greek Food Festival taking place on 133 Pleasant St., Portland, Maine

City of Portland
 Attn: **Meg Handlon**
 389 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 10 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
Susan Parker/RJD

Susan M. Parker

ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)
04/10/2006

PRODUCER (207) 781-3519 FAX (207) 781-3907 Bradish-Young Insurance 202 U.S. Route One, Box 360 Foreside Place Falmouth, ME 04105	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 HEREON.												
INSURED Holy Trinity Hellenic Orthodox Church 133 Pleasant Street Portland, ME 04101	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURERS AFFORDING COVERAGE</td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td>INSURER A Massachusetts Bay Ins Co</td> <td>22306</td> </tr> <tr> <td>INSURER B Maine Employers Mutual Ins. Co</td> <td>11149</td> </tr> <tr> <td>INSURER C</td> <td></td> </tr> <tr> <td>INSURER D</td> <td></td> </tr> <tr> <td>INSURER E</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A Massachusetts Bay Ins Co	22306	INSURER B Maine Employers Mutual Ins. Co	11149	INSURER C		INSURER D		INSURER E	
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		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACCIDENT \$ AUTO ONLY AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	1810003929	03/16/2006	03/16/2007	WC STATUTORY LIMITS O.W.E.R. E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
		OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Certificate Holder is named Additional Insured in regards to the Banner being placed across Congress Street from June 12 through June 26, 2006 for the Greek Food Festival to be held by Holy Trinity Hellenic Orthodox Church, Portland, Maine

City of Portland 17 Arbor 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 10 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 Susan Parker/RJD <i>Susan M. Parker</i>
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City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-0648	Issue Date: MAY 30 2006	CBL: 039 D009001
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Location of Construction: 133 PLEASANT ST	Owner Name: HELLENIC ORTHODOX COMM	Owner Address: 133 PLEASANT ST	Phone:
Business Name:	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: R-6

Past Use: Commercial	Proposed Use: Commercial Tent for Greek Festival up on June 22, 2006 will come down on June, 25 2006	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 2
Proposed Project Description: Tent for Greek Festival up on June 22, 2006 will come down on June, 25 2006		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>see conditions</i>	INSPECTION: Use Group: <i>GEM: TLY</i> Type: <i>Perce</i>	

Signature: <i>Greg Cass</i>	Signature: <i>[Handwritten]</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: dmartin	Date Applied For: 05/03/2006	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>5/4/06</i>	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