

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

**CITY OF PORTLAND**

BUILDING DEPARTMENT

**PERMIT**

Please Read Application And Notes, If Any, Attached

Permit Number: 090469

**PERMIT ISSUED**

JUN - 8 2009

CITY OF PORTLAND

This is to certify that HELLENIC ORTHODOX COMMUNITY CENTER PORTLAND & SEASIDE  
 has permission to Set up tent for Greek Festival 6/1/2009 - 6/9/2009  
 AT 133 PLEASANT ST City ID: 039 D009001

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. 24 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. K. Goutteau  
 Health Dept. \_\_\_\_\_  
 Appeal Board \_\_\_\_\_  
 Other \_\_\_\_\_  
Department Name

*[Signature]* 6/8/09  
 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

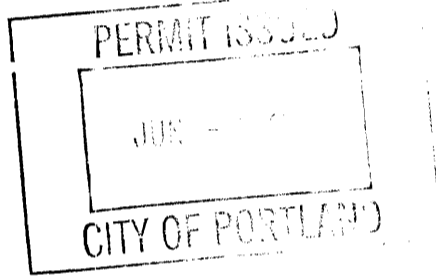
Permit No: 09-0469	Issue Date:	CBL: 039 D009001
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Location of Construction: 133 PLEASANT ST	Owner Name: HELLENIC ORTHODOX COMM	Owner Address: 133 PLEASANT ST	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: K-6

Past Use: Institutional/Greek Church	Proposed Use: Institutional/Greek Church - Set up tent for Greek Festival 6/242009 - 6/292009	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: Set up tent for Greek Festival 6/24/2009 - 6/29/2009		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions	INSPECTION: Use Group: Tent Type: Temp Structure IBC 2003	
		Signature: <i>(Signature)</i>		
		PEDESTRIAN 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: lmd	Date Applied For: 05/15/2009	<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>5/18/09</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

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 09-0469	<b>Date Applied For:</b> 05/15/2009	<b>CBL:</b> 039 D009001
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<b>Location of Construction:</b> 133 PLEASANT ST	<b>Owner Name:</b> HELLENIC ORTHODOX COMM	<b>Owner Address:</b> 133 PLEASANT ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b>	<b>Contractor Address:</b>	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Tents	

<b>Proposed Use:</b> Institutional/Greek Church - Set up tent for Greek Festival 6/242009 - 6/292009	<b>Proposed Project Description:</b> Set up tent for Greek Festival 6/24/2009 - 6/29/2009
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 05/18/2009
<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>		
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 06/08/2009
<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>		
1) This permit DOES NOT authorize any construction activities. The tent/stage must be removed at the end of the event.			
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Capt Keith Gautreau	<b>Approval Date:</b> 05/27/2009
<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>		
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.			



# 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.

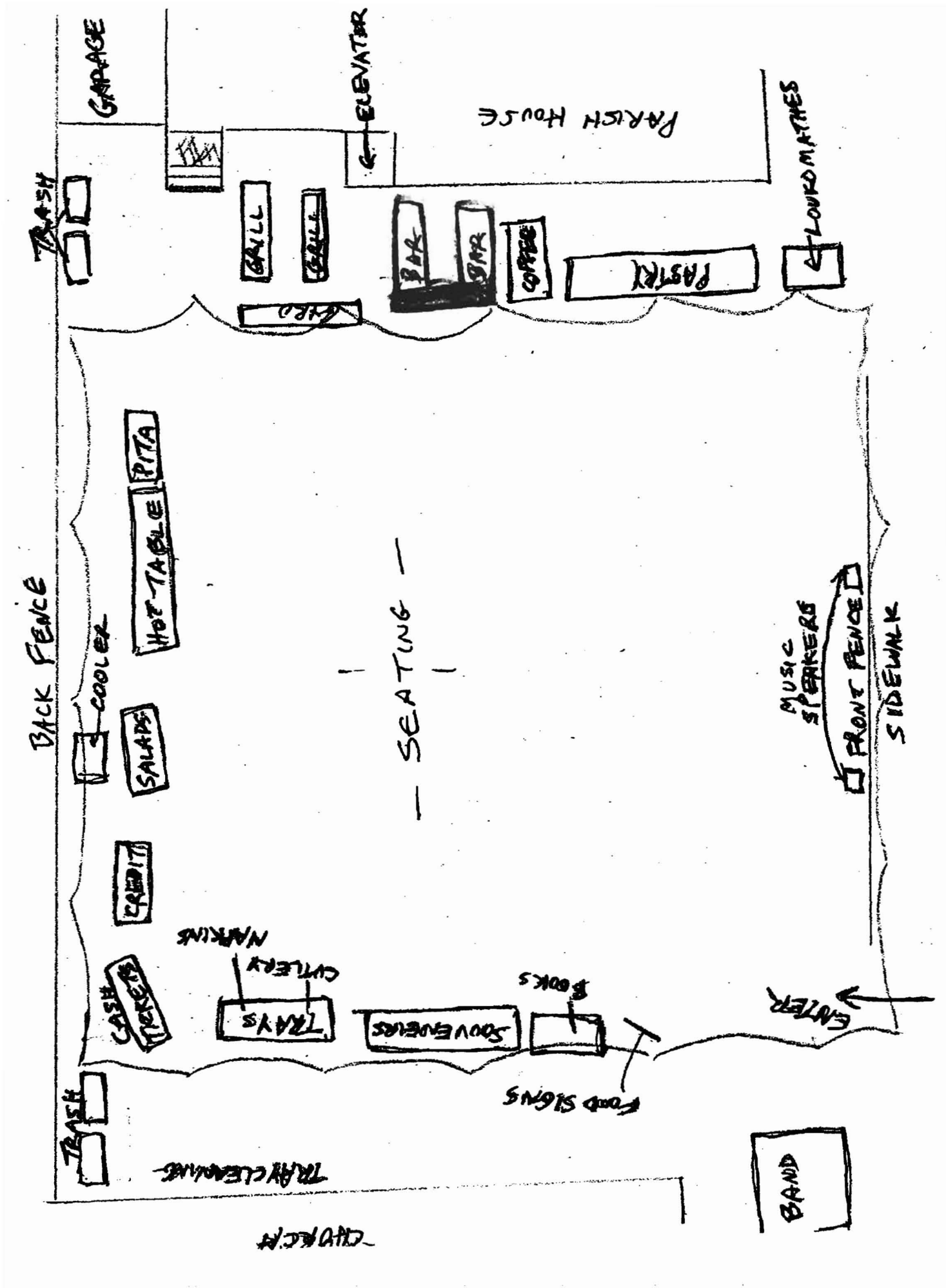
Location/Address/Park of Installation: <b>133 Pleasant St.</b>		
Date of Set up/Event <b>June 24</b>		Date of Breakdown/ End of Event <b>June 29</b>
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Property Owner: <b>Holy Trinity Creek Orthodox Church</b>	Telephone: <b>772-8158 att: Meg</b>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <b>Holy Trinity Creek Orthodox Church</b>	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> <div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <b>MAY 15 2009</b> </div> <p>Who should we contact when permit is ready: <u>Meg</u> Address: _____ Telephone: <u>415-0480</u> - <b>Meg will pick up</b></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>		

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 874-8703.

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:	Date: <b>5/15/09</b>
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**This is not a permit; you may not commence ANY work until the permit is issued.**

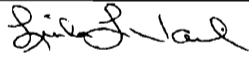


<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 05/12/2009
PRODUCER (207)781-3519 Bradish-Young Insurance 202 U.S. Route One, PMB 360 Forside Place Falmouth, ME 04105	FAX (207)781-3907	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Holy Trinity Greek Orthodox Church of Portland 133 Pleasant Street Portland, ME 04101	INSURERS AFFORDING COVERAGE	
	INSURER A: Citizens	NAIC # 31534
	INSURER B: Hanover Ins Co	22292
	INSURER C: Maine Employers Mutual Ins. Co	11149
	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 INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	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	ZBP2063017-19	03/16/2009	03/16/2010	EACH OCCURRENCE \$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
					MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	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"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
B	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UHP8756923-04	03/16/2009	03/16/2010	EACH OCCURRENCE \$ 2,000,000
					AGGREGATE \$ 2,000,000
					\$
					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	1810003929	03/16/2009	03/16/2010	WC STATU-TORY LIMITS OTH-ER \$
					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 canopy tent being placed on Pleasant St., June 24 through June 29, 2009 for the Greek Food Festival taking place on 133 Pleasant St., Portland, Maine

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
City of Portland Attn: Vicki Allen 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 <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 Linda Vail/RJD 

ATTN: CHAN

# 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.

*Andy Whitton*

Name of Production Superintendent

MODEL TTE4020M00

SERIAL# 950141