

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that HOLY TRINITY GREEK ORTHODOX CHURCH

Located At 133 PLEASANT ST

Job ID: 2012-05-3906-SE

CBL: 039-D-009-001

has permission to Erect a 60'x90' tent and smaller band tent for the 2012 Holy Trinity Greek Food Festival; 6/28-6/30 provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer

 6/18/12
Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-05-3906-SE	Date Applied: 5/3/2012	CBL: 039- D-009-001	
Location of Construction: 133 PLEASANT ST	Owner Name: HOLY TRINITY GREEK ORTHODOX CHURCH	Owner Address: 133 PLEASANT ST PORTLAND, ME 04101	Phone: 774-0281
Business Name: Greek Orthodox Church	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name: Meg Handlin	Phone: 415-0480	Permit Type: TENTS	Zone: R-6
Past Use: Church	Proposed Use: Same: Church - to erect 60' x 90' tent from June 28 th to June 30 th , 2012 for annual Greek Festival	Cost of Work:	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A Signature: <i>Capt Prarie</i>	Inspection: Use Group: <i>A3</i> Type: <i>Tent</i> Signature: <i>AMB</i>
Proposed Project Description: 2012 Holy Trinity Food Festival; 6/28-6/30		Pedestrian Activities District (P.A.D.) <i>6/18/12</i>	
Permit Taken By:		Zoning Approval	

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 informatin may invalidate a building permit and stop all work.

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in Dist or Landmark
<input type="checkbox"/> Wetlands	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
<input type="checkbox"/> Maj <input type="checkbox"/> Min <input checked="" type="checkbox"/> MM	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>5/10/12</i>	Date:	Date:

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



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Acting Director of Planning and Urban Development
Gregory Mitchell

Job ID: 2012-05-3906-SE

Located At: 133 PLEASANT ST

CBL: 039- D-009-001

Conditions of Approval:

Fire

1. Installation shall comply with City Code Chapter 10.
2. Tents shall have an approved fire resistant rating and maintain 10' between stake lines. No smoking or open flame allowed within 10'. Provide at least one 2A:10 BC fire extinguisher.

Building

1. This permit DOES NOT authorize any construction activities. The tent/stage must be removed at the end of the event.



Tent/Canopy or Temporary Event Staging Permit Application

Entered 5/3/12
 (13)

2012-05-3906-56 RJP

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: 133 Pleasant St. 04101		
Date of Set up/Event June 25 / June 28-30		Date of Breakdown/ End of Event July 2 / June 30
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 039 D009	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	Fee: \$30.00

The permit fee and the following items must be completed and submitted along with this application in order to receive a permit.

- Certificate of Flammability
- Letter of approval from property owner.
If the City is owner, attach a completed copy of Application to Use City Parks & Public Inspections
Parks & Recreation (756-8275).
- Company name of installer (contact info).
- 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 & Recreation for maps of Portland's Parks @ 756-8275).
- If the City is the property owner, Certificate of Insurance listing the City as additional insured. Minimum amount of coverage is \$400,000.00

Who should we contact when permit is ready: Meg Handlin
 Address: _____ Telephone: 415-480

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.

RECEIVED
 MAY 03 2012
 Dept. of Building & Public Inspections
 City of Portland Maine

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 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: 5/3/12
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This is not a permit; you may not commence ANY work until the permit is issued.



PORTLAND MAINE

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Receipts Details:

Tender Information: Check , Check Number: 151

Tender Amount: 30.00

Receipt Header:

Cashier Id: bsaucier

Receipt Date: 5/3/2012

Receipt Number: 43541

Receipt Details:

Referance ID:	6371	Fee Type:	BP-Tent/Event
Receipt Number:	0	Payment Date:	
Transaction Amount:	30.00	Charge Amount:	30.00
Job ID: Job ID: 2012-05-3906-SE - 2012 Holy Trinity Food Festival; 6/25-6/30			
Additional Comments: 133 Pleasant; tent permit			

Thank You for your Payment!



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

5/3 20 12

Received from Holy Trinity Church

Location of Work June 25-30 festival

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

RECEIVED
MAY 03 2012

Certificate of Occupancy Fee: _____

Total: _____

Building (I1) _____ Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: _____

Check #: 151 Total Collected \$ 30

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: (Signature)

- WHITE - Applicant's Copy
- YELLOW - Office Copy
- PINK - Permit Copy

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 60x90 WH1R2

SERIAL# 950141



Holy Trinity Greek Orthodox Church

133 Pleasant Street Portland, ME 04101
(207) 774-0281

Rev. Constantine Sarantidis, Pastor

March 6, 2012

City of Portland
Portland City Hall
389 Congress St.
Portland, Maine 04101

Re: Greek Festival/Tents

Dear Sirs:

This letter will confirm that the Holy Trinity Greek Orthodox Church will plans to hold its annual three day food Festival on June 28, 29, and 30, 2012. 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 and a small tent also in our parking lot for the band. We request your permits to proceed. Thank you.

Yours truly

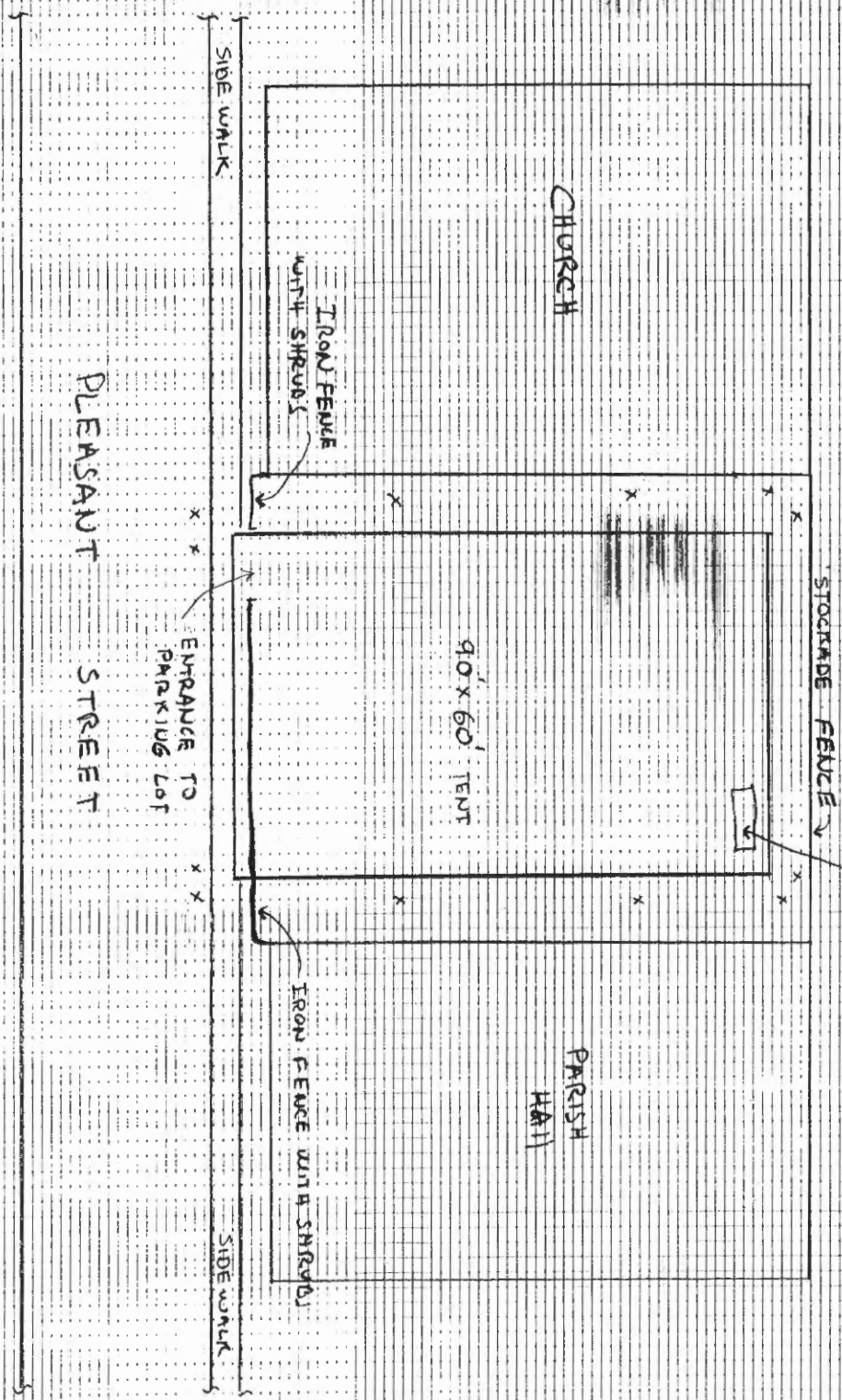
Gregory A. Tselikis
President of the Parish Council
Holy Trinity Greek Orthodox Church



Diocese of Boston

Tent will be set up in parking lot
between buildings

PROPOSE BEER & WINE
SERVICE LOCATION



X = TENT STAKES

Chris Jasonides

856 4684 w
772 8158 H

ACORD**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

03/21/2011

PRODUCER 207.781.3519 FAX 207.781.3907
United Insurance
 Bradish-Young Agency
 202 U.S. Route One
 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 BELOW.

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

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Citizens	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	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY	ZBP2063017-21	03/16/2011	03/16/2012	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
		GEN'L AGGREGATE LIMIT APPLIES PER				PERSONAL & ADV INJURY	\$ 1,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COM/POP AGG	\$ Incl'd in G
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
B		EXCESS / UMBRELLA LIABILITY	UHP8756923-06	03/16/2011	03/16/2012	EACH OCCURRENCE	\$ 2,000,000
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 2,000,000
		DEDUCTIBLE					\$
		RETENTION \$					\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1810003929	03/16/2011	03/16/2012	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					
		If yes, describe under SPECIAL PROVISIONS below					
		OTHER					
						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 regards to the use of Pleasant St., from June 22 through June 27, 2011 for the Greek Food Festival to be held by Holy Trinity Greek Orthodox Church, Portland, Maine

CERTIFICATE HOLDER**CANCELLATION**

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 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Sondra Collins/SAC *Sondra Collins*

ACORD 25 (2009/01) FAX: 756.8279

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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

This Certificate of Insurance 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.

PRODUCER 207.781.3519 FAX 207.781.3907
United Insurance
Bradish-Young Agency
 202 U.S. Route One
 Falmouth, ME 04105

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		OTHER					
						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 regards to the canopy tent being placed on Pleasant St., June 22 through June 27, 2011 for the Greek Food Festival taking place on 133 Pleasant St., Portland, Maine

CERTIFICATE HOLDER	CANCELLATION
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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Sondra Collins/SAC <i>Sondra Collins</i>

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