

# City of Portland, Maine - Building or Use Permit Application

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

<b>PERMIT ISSUED</b>		Permit No: 01-1183	Issue Date: 09/27/2001	CBL: 049 A001001
Location of Construction: 165 Park Ave	Owner Name: City Of Portland	Owner Address: 389 Congress St		Phone: 207-874-8300
Business Name: n/a	Contractor Name: no contractor/self	Contractor Address: n/a n/a		Phone:
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Tents		Zone: R-5

Past Use: Deering Oaks	Proposed Use: Same: Erect 2 Tents For Weekend event: 9/21/01	Permit Fee:	Cost of Work: \$75.00	CEO District: 3
Proposed Project Description: Erect 2 Tents For Weekend event:		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: 4- Type:	
		<p>Signature: <i>[Signature]</i> <b>PERMIT ISSUED WITH REQUIREMENTS 9/27/01</b></p> <p>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</p> <p>Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied</p> <p>Signature: _____ Date: _____</p>		

Permit Taken By: cih	Date Applied For: 09/20/2001 <i>permitted 9/24/01</i>	<b>Zoning Approval</b>		
<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>		<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>OK 9/26/01</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: _____

**PERMIT ISSUED  
WITH REQUIREMENTS**

## 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	

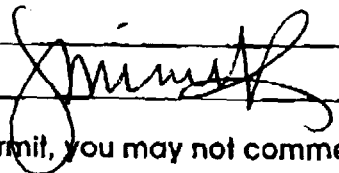
## All Purpose Building Permit Application

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: <u>Dorning Oaks Park</u>		
Total Square Footage of Proposed Structure <u>(1) 20x20 9 (1) 20 x 30</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>049</u> Block# <u>B</u> Lot# <u>001</u>	Owner: <u>Company - Atlantic Tent Co.</u>	Telephone: <u>207-865-9500</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Jessica Mironich</u> <u>The Leukemia &amp; Lymphoma Society</u>	Cost Of Work: \$ _____ Fee: \$ _____
Current use: _____		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: _____		
Project description: <u>Tents for the 2nd Annual "Light the Night Walk."</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>Jessica Mironich</u>		
Mailing address: <u>The Leukemia &amp; Lymphoma Society</u> <u>495 Old Connecticut Path</u> <u>Framingham MA 01701</u>		
Phone: <u>800-688-6572</u>		

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: 	Date: <u>9/5/01</u>
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This is not a permit, you may not commence ANY work until the permit is issued



The Leukemia & Lymphoma Society  
495 Old Connecticut Path, Suite 220  
Framingham, MA 01701-4567  
Phone: (508) 879-5083/ (800) 688-6572  
Fax: (508) 879-8163

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Facsimile Transmittal Sheet

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To: Chris Harris From: Jessica  
Company: City of Rtd Date: \_\_\_\_\_  
Fax #: 207-874-8716 Total # of Pages: 5  
Re: \_\_\_\_\_

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Notes/Comments:

Hi Chris -  
Here is the permit application!  
\_\_\_\_\_  
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*Help Light the Way to A Cure!*

# 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: FREEPORT 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-43006G.

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

## Tent Permit Information

Fee: \$35.00 *Being sent from our home office.*

Proof of Flam retardant *Attached*

Date of tent set-up *Saturday September 22*

Date of tent breakdown *Saturday September 22*

Show drawing of the tent with exits *Attached.*

Dimensions of tent *(1) 20x30 & (1) 20x20*

Plot Plan

Letter of approval from property owner

*I have already applied and received permits for the use of the Park.*

8/1/00

gg

tent permit information

158A005

Parking on left side  
of Roadway

# PLAYGROUND

Does not  
work—

Goodman  
Karlson  
Karlson

~~part~~

**Bau stand**

# DUCK POND

**TEST**

Page 250

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12/5/13

Dir. 100

FIELD  
BALL  
SOFT

*[Handwritten signature]*

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19



19

23

# BLEEDING COASTS PA

maintain the inflation of the structure in case of primary system failure. The auxiliary inflation system shall operate automatically when there is a loss of internal pressure and when the primary blower system becomes inoperative.

Blower equipment shall meet the following requirements:

1. Blowers shall be powered by continuous-rated motors at the maximum power required for any flow condition as required by the structural design.
2. Blowers shall be provided with inlet screens, belt guards and other protective devices as required by the code official to provide protection from injury.
3. Blowers shall be housed within a weather-protecting structure.
4. Blowers shall be equipped with backdraft check dampers to minimize air loss when inoperative.
5. Blower inlets shall be located to provide protection from air contamination. The location of inlets shall be approved.

**3103.4.2 Standby power:** Wherever an auxiliary inflation system is required, an approved standby power-generating system shall be provided. The system shall be equipped with a suitable means for automatically starting the generator set upon failure of the normal electrical service and for automatic transfer and operation of all of the required electrical functions at full power within 60 seconds of such service failure. Standby power shall be capable of operating independently for a minimum of 4 hours.

**3103.5 Support provisions:** A system capable of supporting the *membrane* in the event of deflation shall be provided for in all air-supported and air-inflated structures having an occupant load of more than 50 or where covering a swimming pool regardless of occupant load. The support system shall be capable of maintaining *membrane* structures used as a roof for Type 1 or 2 construction not less than 20 feet (6096 mm) above floor or seating areas. The support system shall be capable of maintaining all other *membranes* at least 7 feet (2134 mm) above the floor, seating area or surface of the water.

**3103.6 Engineering design:** All *membrane* structures shall be structurally designed in accordance with approved criteria that are developed by a *registered design professional*.

## SECTION 3104.0 TEMPORARY STRUCTURES

**3104.1 General:** The provisions of this section shall apply to tents, *membrane* structures and other structures erected for a period of less than 180 days. Those erected for a longer period of time shall comply with Section 3103.0 or with all applicable sections of this code where Section 3103.0 is not applicable.

**3104.1.1 Permit required:** All temporary structures that cover an *area* in excess of 120 square feet (11.16 m<sup>2</sup>), including all connecting *areas* or spaces with a common *means of egress* or entrance which are used or intended to be used for the gathering together of ten or more persons, shall not be erected, operated or maintained for any purpose without obtaining a permit from the code official. Tents used exclusively for recreational camping purposes shall be exempt from the above requirements. Special permits required by this code shall be secured from the code official.

**3104.2 Construction documents:** A permit application and *construction documents* shall be submitted for each installation of a temporary structure. The *construction documents* shall include a site plan indicating the location of the temporary structure and information delineating the *means of egress* and the occupant load.

**3104.3 Location:** All temporary structures shall be located in accordance with the requirements of Table 705.2 based on the fire-resistance rating of the exterior walls for the proposed type of construction.

**3104.4 Construction:** Tents and air-supported structures shall be constructed as required by this code and NFPA 102 listed in Chapter 35.

**3104.5 Membrane material:** The *membrane* material for all tents shall be of: approved noncombustible material as defined in Section 704.4; flameresistant material as determined in accordance with NFPA 701 listed in Chapter 35; or material treated in an approved manner to render the material flameresistant.

**3104.6 Certification:** An affidavit or affirmation shall be submitted to the code official and a copy retained on the premises on which the tent or air-supported structure is located. The affidavit shall attest to the following information relative to the flameresistance of the fabric:

1. Names and addresses of the owners of the tent or air-supported structure.
2. Date the fabric was last treated with flameresistant solution.
3. Trade name or kind of chemical used in treatment.
4. Name of person or firm treating the material.
5. Name of testing agency and test standard by which the fabric was tested.

**3104.7 Inflation pressure:** Operating pressure shall be maintained at the design pressure specified by the manufacturer to assure structural stability and to avoid excessive distortion during high *wind* or *snow loads*.

**3104.8 Door operation:** In high winds over 50 mph (80.45 km/h) or in snow conditions, the doors in air-supported structures shall be controlled to avoid excessive air loss. Doors shall not be left open under any conditions.

**3104.9 Means of egress:** All temporary structures including tents and *membrane* structures shall conform to the *means of egress* requirements of Chapter 10 and shall have a maximum *exit access* travel distance of 100 feet (30480 mm).

## SECTION 3105.0 CANOPIES AND AWNINGS

**3105.1 General:** Rigid canopies or awnings supported in whole or in part by members resting on the ground and used for patio covers, car ports, summer houses or other similar uses shall comply with the requirements of Sections 3105.2 through 3105.5 for design and construction. Such structures shall be braced as required to provide rigidity.

**3105.2 Definitions:** The following words and terms shall, for the purposes of this section and as used elsewhere in this code, have the meanings shown herein.