

PERMIT ISSUED

SEP 16 2003

CITY OF PORTLAND

Form # P04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 031106

Please Read Application And Notes, If Any, Attached

This is to certify that City Of Portland/Atlantic Telephone Company
has permission to 20'x20' and 30'x30' tent: set up and break down 09/16/2003
AT 165 Park Ave 049 A001001

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 when permission is procured before this building or part thereof is leased or otherwise used-in. HOUR NOTIFICATION REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature] 9/16/03
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-1106	Issue Date: SEP 16 2003	CBL: 049 A001001
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Location of Construction: 165 Park Ave	Owner Name: City Of Portland	Owner Address: 389 Congress St	Phone:
Business Name:	Contractor Name: Atlantic Tent Company	Contractor Address: 27 Jackson Boulevard Freeport	Phone: 2078628882
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: ROS'

Past Use: ROS	Proposed Use: ROS w/ 20'x20' and 30'x30' tent: setup and breakdown on 9/20/2003	Permit Fee:	Cost of Work: \$0.00	CEO District: 3
Proposed Project Description: 20'x20' and 30'x30' tent: setup and breakdown on 9/20/2003		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U Type: TENT JEM 9/16/03 Signature: [Signature]	
		Signature: [Signature]	Signature: [Signature]	
		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: kwd	Date Applied For: 09/12/2003	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: 9/12/03	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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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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: Deering Oaks Park		
Date of Tent setup: 9/20/03	Date of Tent breakdown: 9/20/03	
Tax Assessor's Chart, Block & Lot Charts Block# Lot#	Owner: Atlantic Tent Company	Telephone: 207 865 9500
Lessee/Buyer's Name (if Applicable)	Applicant name, address & telephone: Laura Hoag Leukemia + Lymphoma Society 800 688 6572	Fee: \$ 38.00

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 from the Parks & Recreation @ 874-8793
3. Plot Plan showing the following:
 - I. Property lines
 - II. Parking
 - III. Building locations
4. Tent location, including dimensions of tent, exits and entrances in tent.
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

Whom should we contact when the permit is ready: **Laura Hoag - Leukemia + Lymphoma Society**
 Mailing address: **495 Old Connecticut Path
Frammingham MA 01701**
 PHONE: **800 688 6572**

We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A STOP WORK ORDER WILL BE ISSUED AND A \$100.00 FINE LEVIED IF ANY WORK STARTS BEFORE THE PERMIT IS PICKED UP.

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 Officer'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: 9/11/03
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This is NOT a permit, you may not commence ANY work until the permit is issued.

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: FREDDORT 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: 14OZ 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

John Snyder
TENT DEPARTMENT, JOHNSON WORLDWIDE ASSOCIATES, INC.

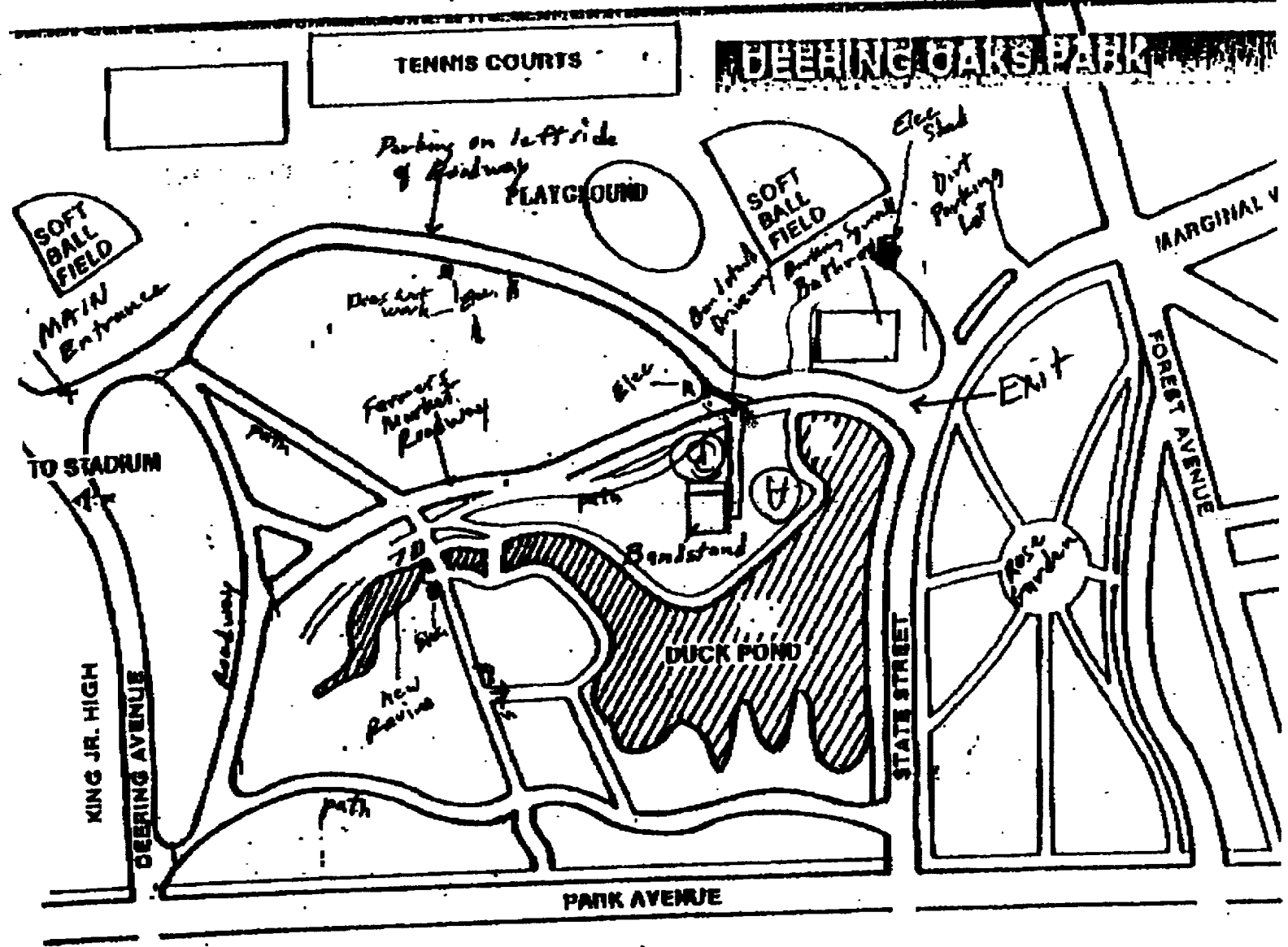
* Large Scale

4 page copy

508-879-8163

To: Jessica M.
Reno - Ted M.

I-295
Entrance + Exit Ramps: 6A + 6B



A = 30' x 30'
 B = 20' x 20'
 tents are
 open on
 all sides

MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
NYC-001799124-01

PRODUCER
MARSH USA INC
1166 AVENUE OF THE AMERICAS
NEW YORK, NY 10036
ATTN: GENE SCHOENHOFEN 212-345-2281

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

INSURED
THE LEUKEMIA & LYMPHOMA SOCIETY
1311 MAMARONECK AVENUE
WHITE PLAINS, NY 10605
MASSACHUSETTS CHAPTER

- COMPANY
A ATLANTIC MUTUAL INSURANCE CO
- COMPANY
B N/A
- COMPANY
C N/A
- COMPANY
D

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CC LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS												
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROGT	476-41-24-41	03/30/03	03/30/04	<table border="1"> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 1,000,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td>\$ 1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr> </table>	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 1,000,000	PERSONAL & ADV INJURY	\$ 1,000,000	EACH OCCURRENCE	\$ 1,000,000	FIRE DAMAGE (Any one fire)	\$ 1,000,000	MED EXP (Any one person)	\$ 10,000
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MED EXP (Any one person)	\$ 10,000																
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	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY <input type="checkbox"/> THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL <input type="checkbox"/> OTHER				<table border="1"> <tr><td>WC STATUTORY LIMITS</td><td>OT-ER</td></tr> <tr><td>EL EACH ACCIDENT</td><td>\$</td></tr> <tr><td>EL DISEASE POLICY LIMIT</td><td>\$</td></tr> <tr><td>EL DISEASE EACH EMPLOYEE</td><td>\$</td></tr> </table>	WC STATUTORY LIMITS	OT-ER	EL EACH ACCIDENT	\$	EL DISEASE POLICY LIMIT	\$	EL DISEASE EACH EMPLOYEE	\$				
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DESCRIPTION OF OPERATION(S)/LOCATION(S)/VEHICLE(S)/SPECIAL ITEMS

THE CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED WITH REGARDS TO THE LIGHT THE NIGHT WALK EVENT BEING HELD ON 3/20/03.

CERTIFICATE HOLDER

DEPT OF PARKS & RECREATION
ATTN: TED MUSGRAVE
17 ARBOR ST.
PORTLAND, ME 04103

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE ITS AGENTS OR REPRESENTATIVES OR THE ISSUER OF THIS CERTIFICATE

ISSUED BY
MARSH USA INC
by Gene Schoenhofen

Gene Schoenhofen

MM/3/02

VALID AS OF: 08/18/03