

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached

## BUILDING INSPECTION

Permit Number: 040550

This is to certify that City Of Portland

has permission to 20' x 20' tent on May 8th, 2004

AT 165 Park Ave

City 049 A001001

PERMIT ISSUED  
MAY 07 2004  
CITY OF PORTLAND

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 work in permit in progress before this building or part thereof is altered or otherwise closed-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. Jay Kelley PFD 9-2-04

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_  
Department Name

*[Signature]* 5/7/04  
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: 04-0550	Issue Date: MAY 07 2004	CE#: 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:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: ROS

Past Use: ROS: Deering Oaks	Proposed Use: ROS: Deering Oaks w/20' x 20' tent on May 8th, 2004	Permit Fee:	Cost of Work: \$30.00	CEO District: 2
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<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>Jay Kelley</i> 05/07/04	<b>INSPECTION:</b> Use Group: <i>TENT</i> Type: Signature: <i>Cliff</i> 5/7/04
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**Proposed Project Description:**  
20' x 20' tent on May 8th, 2004

**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**

Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: kwd	Date Applied For: 05/07/2004	<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>5/7/04</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

Submit Application to Room 315, Portland City Hall, 389 Congress Street, Portland, ME 04101  
207-874-8703; fax 207-874-8716. Please allow 10 Business Days for processing.

## 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: <u>Deering Oaks (near Bunkland)</u>		
Date of Tent setup: <u>May 8, 2004</u>	Date of Tent breakdown: <u>May 8<sup>th</sup>, 2004</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>049</u> Block# <u>A</u> Lot# <u>001</u>	Owner: <u>City of Portland</u>	Telephone: <u>622-5767</u>
Lessee/Buyer's Name (If Applicable) <u>Nami Maine</u>	Applicant name, address & telephone: <u>1 Barger St. Augusta ME 04330</u> <u>622-5767</u>	Fee: \$ 30.00
<p><b>The following must be included as submissions:</b></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 the owner, please contact Ted Musgrave at Parks &amp; Recreation @ 874-8793</li> <li>3. Plot Plan showing the following:             <ol style="list-style-type: none"> <li>i. Property lines</li> <li>ii. Parking</li> <li>iii. Existing Building locations</li> <li>iv. Tent locations, including dimensions of all tents, exits and entrances in tent</li> </ol> </li> <li>4. 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> <p style="text-align: right; margin-right: 50px;"><u>20 x 20 tent</u> <u>Contact Arlene Bidlar</u> <u>774-5939 X 2152</u> <u>@ Cumberland County.</u></p>		
Whom should we contact when the permit is ready: <u>Melissa Gattine</u> Mailing address: <u>1 Barger St. Augusta ME 04330</u>  PHONE: <u>622-5767</u>  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 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: <u>[Signature]</u>	Date: <u>[Signature]</u>
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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) 03/24/2004
PRODUCER (703)770-3700 FAX (703)770-3720 Lighthouse Underwriters, LLC Suite 200 7630 Little River Turnpike Annandale, VA 22003		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 National Alliance for the Mentally Ill 2107 Wilson Boulevard Suite 300 Arlington, VA 22201		
		INSURERS AFFORDING COVERAGE
		NAIC #
		INSURER A. Alliance of Nonprofits of Ins.
		INSURER B.
		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 ADDL LTR INSR	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 type="checkbox"/> OCCUR	2004-12724	01/23/2004	01/23/2005	EACH OCCURRENCE	\$ 1,000,000
					DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$ 100,000
					MCD EXP (Any one person)	\$ 10,000
					PERSONAL & ADV INJURY	\$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	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"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	2004-12724-UMB	01/23/2004	01/23/2005	EACH OCCURRENCE	\$ 2,000,000
					AGGREGATE	\$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATL TPBY LIMITS OTH. BR.	\$
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Certificate holder is listed as additional insured with respect to General Liability for NAMI walks for the Mind of America on May 8 , 2004

<b>CERTIFICATE HOLDER</b>  City of Portland , Maine Attn: Ted Musgrave 134 Copngress St., Portland, ME 04104	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</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 Arthur Seifert/LEEJ
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<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 03/24/2004
PRODUCER (703)770-3700 FAX (703)770-3720 Lighthouse Underwriters, LLC Suite 200 7630 Little River Turnpike Annandale, VA 22003		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 National Alliance for the Mentally Ill 2107 Wilson Boulevard Suite 300 Arlington, VA 22201		
		INSURERS AFFORDING COVERAGE
		NAIC #
		INSURER A: Alliance of Nonprofits of Ins.
		INSURER B:
		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	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 CLAIMS MADE <input type="checkbox"/> OCCUR	2004-12724	01/23/2004	01/23/2005	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>				
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA AGG \$ AGG \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	2004-12724-UMB	01/23/2004	01/23/2005	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
		DEDUCTIBLE RETENTION \$				
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Certificate holder is listed as additional insured with respect to General Liability for the NAMI Walks for the Mind of America on May 8, 2004

**CERTIFICATE HOLDER**

NAMI Maine, Inc.  
 Attn: Sue LeClair  
 1 Bangor Street  
 Augusta, ME 04330

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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  
 Arthur Seifert/LEEJ



CITY OF PORTLAND  
HTE TRANSFER VOUCHER



Reference Date: 4/27/04

Description: Tent Permit Fee to Code Enforcement

Account Number	Transfer Amount Out (Charge To:) Dr	Transfer Amount In (Pay To:) Cr	Project Number (Where Necessary)
<u>100-1200-322.00-00</u>	<u>30 .00</u>		<u>N/A</u>
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Totals [line (1) must = line (2)] (1) 30 .00 (2) 30 .00

Department Approval Brandi Maxwell City Clerk's Date Approved 4/26/04  
office

**Finance Dept. Use Only**  
Group # \_\_\_\_\_  
Doc # \_\_\_\_\_  
Acntg. Period: \_\_\_\_\_

MANUFACTURED BY



A DIVISION OF  ALPHA TENT & AWNING LTD.

**Vinbard** VINYL MANUFACTURED BY **Vintex**

THIS PRODUCT MEETS THE FOLLOWING FLAME STANDARDS  
FLAME METHOD U.L.214-PASS  
RESISTANCE CALIFORNIA STATE FIRE MARSHAL-PASS  
NFPA 701-PASS

05/08/2004 09:27 FAX 207 879 5800  
nt By: ALPHA TINI & AWNING LTD;

004 458 14104  
JAIL ADMIN

may - j - 04 21:00:00

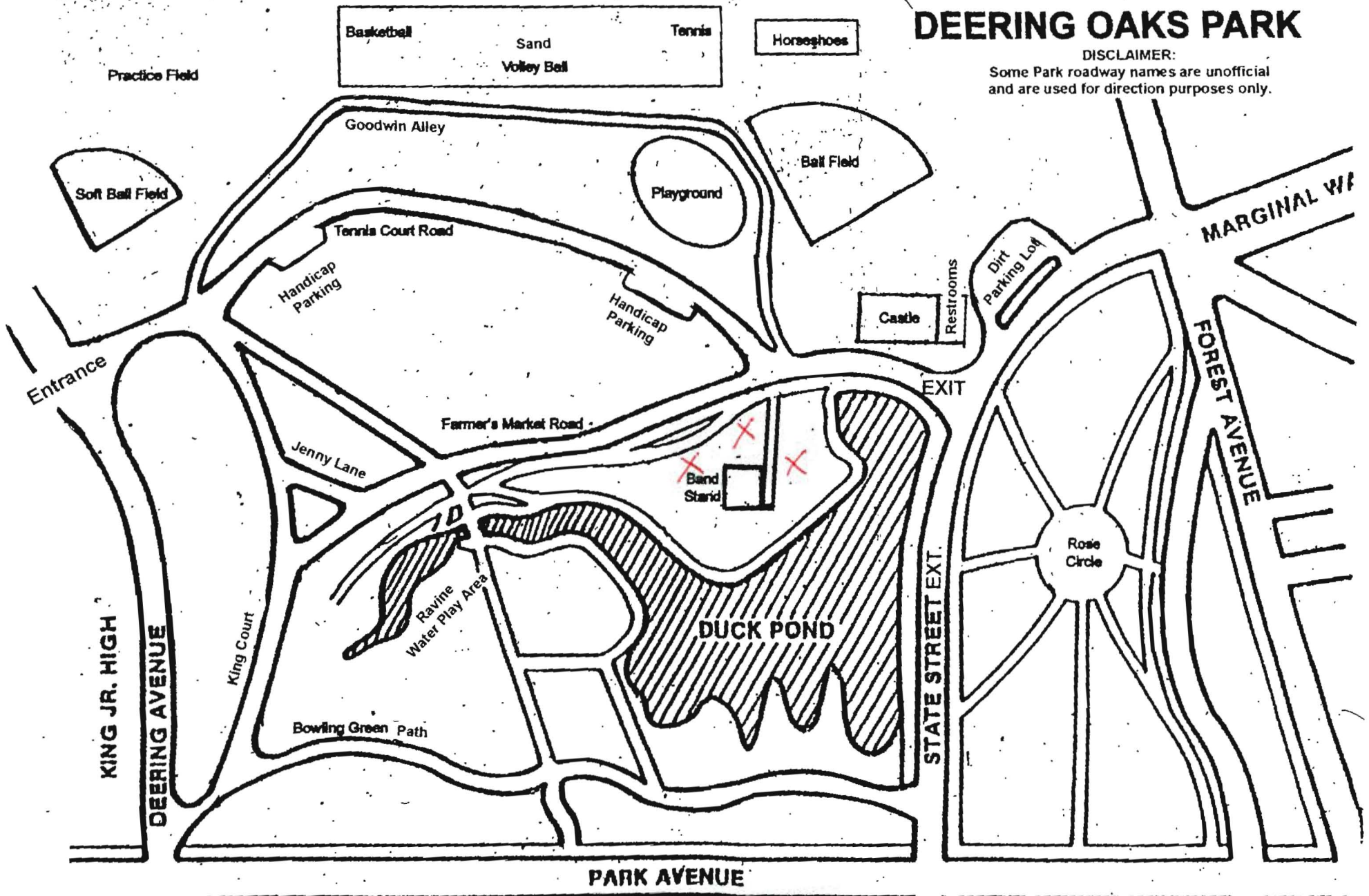
0002

MAY 08 10:17 EDT '04



# DEERING OAKS PARK

DISCLAIMER:  
Some Park roadway names are unofficial  
and are used for direction purposes only.



*possible Tent locations - X  
Near Band stand*



**PAYMENT RECEIPT**  
**City of Portland, Maine**  
**City Clerk's Office Tel: 874-8610**

April 27, 2004

Receipt No. 173887

**Sold By:** BLM      **Payment:** Check

Code	Description	Quantity	Price	Extension
20306A	Single Concert/Single Dance	1	10.00	10.00
20113B	FSE Temp	1	75.00	75.00
20306A	Single Concert/Single Dance	1	30.00	30.00
			Total	115.00
				Tendered
				Change

**Sold to:** Nami Maine

Check Number: 3303

paid for tent permit to Code Enforcement in one check, will issue transfer of funds to Code Enforcement

**PAYMENT RECEIPT**  
**City of Portland, Maine**  
**City Clerk's Office Tel: 874-8610**

**Date Sold:** April 27, 2004

**Sold By:** BLM    **Payment Type:** Check    **Sale Total:** 115.00    **Receipt No.** 173887

**Sold to:** Nami Maine

Check Number: 3303

paid for tent permit to Code Enforcement in one check, will issue transfer of funds to Code

**NAMI MAINE**

City of Portland Maine

Date	Type	Reference
04/23/2004	Bill	May 8, 2004
04/23/2004	Bill	Mary 8, 2004

Original Amt.	85.00
	30.00

	4/23/2004	Discount
Balance Due	85.00	
	30.00	
Check Amount		

**3303**

Payment	85.00
	30.00
	115.00

Northeast Checking

115.00