

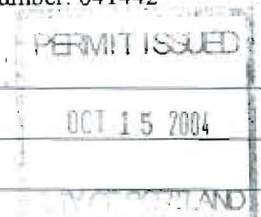
# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

## PERMIT

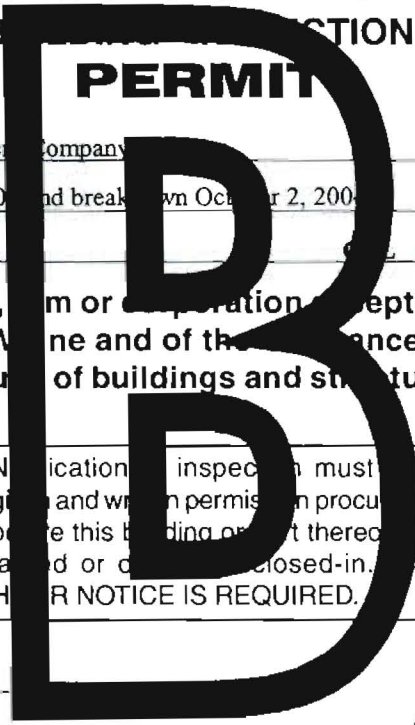
Permit Number: 041442

Please Read Application And Notes, If Any, Attached



This is to certify that City Of Portland/Atlantic Te Company  
has permission to Erect tent on October 2, 2004 and break down October 2, 2004  
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 permit is procured before this building or part thereof is laid or closed-in. **HEAR 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. [Signature]  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_

Department Name

[Signature]  
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: 04-1442	Issue Date: 09/15/2004	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: n/a	Contractor Name: Atlantic Tent Company	Contractor Address: 27 Jackson Boulevard Freeport	Phone: 2078628882
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Tents	Zone: ROS
Past Use: Deering Oaks Park	Proposed Use: Erect tent on October 2, 2004 and breakdown October 2, 2004	Permit Fee: \$30.00	Cost of Work: \$0.00
Proposed Project Description: Erect tent on October 2, 2004 and breakdown October 2, 2004.		CEO District: 1	
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: U/Tent Type: 10/1/04 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: gg	Date Applied For: 09/27/2004	<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..	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: 9/29/04	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
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

-code enforce

Submit Application to Room 315, Portland City Hall, 389 Congress Street, Portland, ME 04101207-874-8703; 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: Deering Oaks Park

Date of Tent setup: 10/2/04 Date of Tent breakdown: 10/2/04

Tax Assessor's Chart, Block & Lot  
Chart# 049 Block# A Lot# 001 Owner: Company: Atlantic Tent Company Telephone: 207-865-9500

Lessee/Buyer's Name (If Applicable) Applicant name, address & telephone: Kim McDonough  
The Leukemia + Lymphoma Society Fee: \$ 30.00

The following must be included as submissions:

- Certificate of Flammability
- Letter of approval from property owner. If the City is the owner, please contact Ted Musgrave at Parks & Recreation@ 574-8793
- Plot Plan showing the following:
  - i. Property lines
  - ii. Parking
  - iii. Existing Building locations
  - iv. Tent locations, including dimensions of all tents, exits and entrances in tent.
- 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: Kim McDonough  
Mailing address: 495 Old Connecticut Path, Suite 200 J  
Framingham, 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 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: Kimmerly M. Janach Date: 8/13/04

This is NOT a permit; you may not commence ANY work until the permit is issued.

30 '01 14:45 ATL TENT/ROYAL RIVER GRAPHICS

# 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: 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

*Jan Snyder*  
TENT DEPARTMENT, JOHNSON WORLDWIDE ASSOCIATES, INC.

\* Large Scale

# MARSH

# CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER  
NYC-002153880-01

**PRODUCER**  
MARSH USA INC.  
1166 AVENUE OF THE AMERICAS  
NEWYORK10036

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 MEND, 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** ST. PAUL FIRE & MARINE INSCO

COMPANY  
**B** NIA

COMPANY  
**C**

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 THIS 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	K09003211	03/30/04	03/30/05	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> MEMBER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 1,000,000
					MED EXP (Any one person) \$ 5,000
					COMBINED SINGLE LIMIT \$
	AUTOMOBILE LIABILITY				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ANY AUTO				PROPERTY DAMAGE \$
	<input type="checkbox"/> LEASED AUTOS				
	<input type="checkbox"/> SCHEDULED AUTOS				
	<input type="checkbox"/> HIRED VEHICLES				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WC STATUTORY LIMITS OTHER \$
	<input type="checkbox"/> THE PROPRIETOR/PARTNER/EXECUTIVE OFFICER'S ARE <input type="checkbox"/> INCL <input type="checkbox"/> MU				EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EACH EMPLOYEE \$
	OTHER				

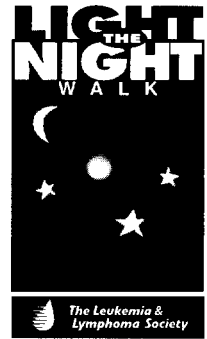
**DESCRIPTION OF OPERATIONS/LOCATIONS/VENTURES/SPECIAL ITEMS**  
THE CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED WITH RESPECT TO THE LIGHT THE NIGHT WALK EVENT HELD ON 10/2/04.

**CERTIFICATE HOLDER**  
DEPARTMENT OF PARKS & RECREATION  
ATTN: TED MUSGRAVE  
17 ARBOR STREET  
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.  
MARS4 USANC.  
BY: Gene Schoenhofen *Gene Schoenhofen*  
MM1 (3/02) VALID AS OF: 09/01/04

Massachusetts Chapter, 495 Old Connecticut Path, Suite 220, Framingham, MA 01701-4567  
Serving MA, ME & NH

Tel: 508.879.5083 Toll Free: 800.688.6572 Fax: 508.879.8163  
[www.lightthenight.org](http://www.lightthenight.org)



September 23,2004

To Whom It May Concern:

I have enclosed a check for \$30 for a tent permit application at Deering Oaks Park. Our original application was faxed over on August 17,2004. You did not receive our first check #361435. Our event is Saturday, October 2,2004. If there is any way that you can process this request before then I would greatly appreciate it. Please contact me if you have any questions.

Thank you,

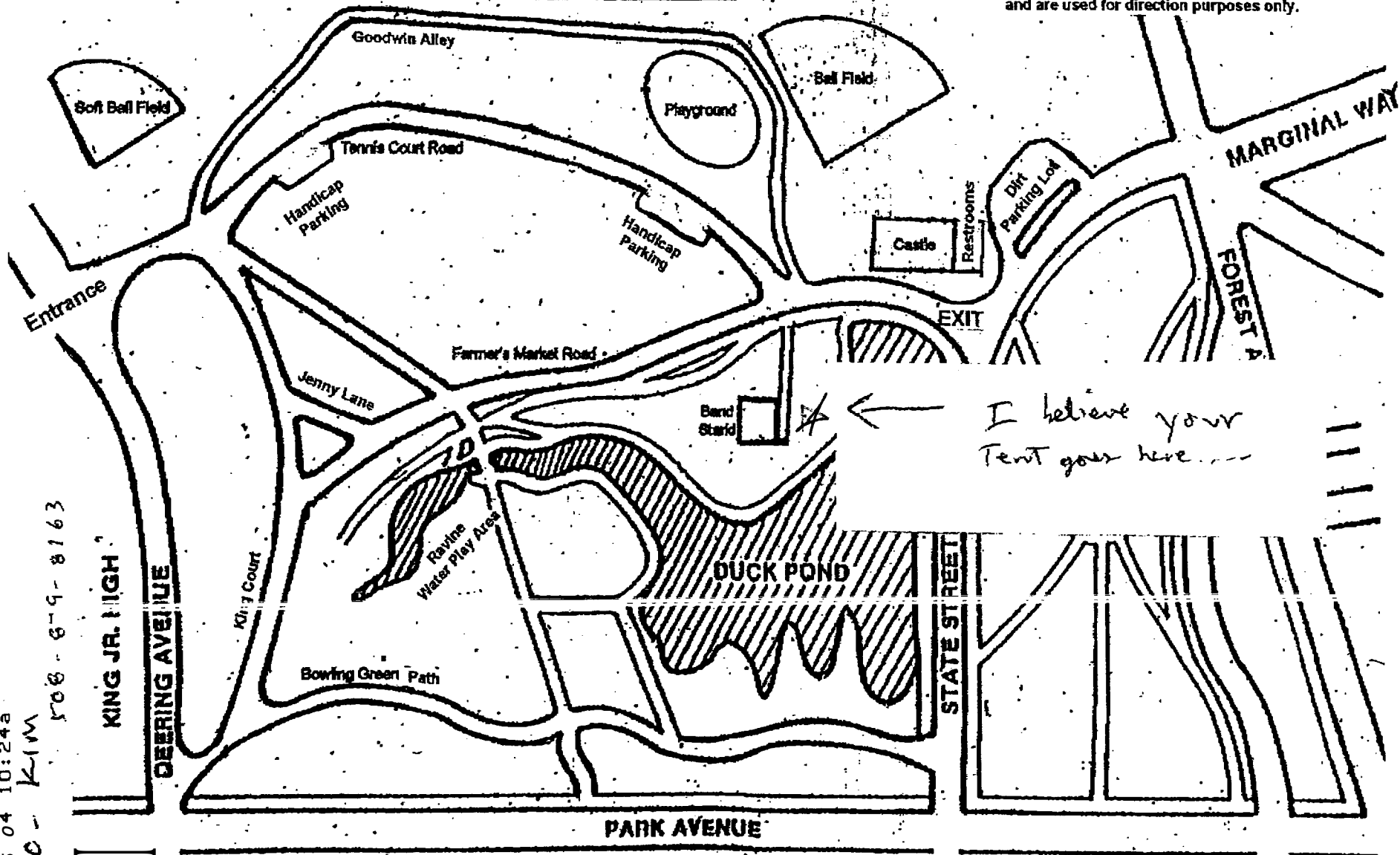
A handwritten signature in black ink that reads 'Kim McDonough'. The signature is written in a cursive, flowing style.

Kim McDonough  
Campaign Coordinator

# DEERING OAKS PARK

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

- Basketball
- Sand Volley Ball
- Tennis
- Homesites



*I believe your Tent goes here...*

Aug 16 04 10:24a  
TC - KIM

508-699-8163