

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 081280

PERMIT ISSUED

OCT 14 2008

CITY OF PORTLAND

This is to certify that MAINE MEDICAL CENTER Maine Medical Center
 has permission to Tent for Maine Medical Center tent set-up 09/15/2008 break down 10/16/2008
 AT 22 BRAMHALL ST CT 053 D007001

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 written permission procured before this building or part thereof is lath or other work is set-in. 2 HOUR 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] 10/14/08
 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: 08-1280	Issue Date:	CBL: 053 D007001
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Location of Construction: 22 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Maine Medical Center	Contractor Address: 22 Bramhall Portland	Phone: 2076622013
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: C4

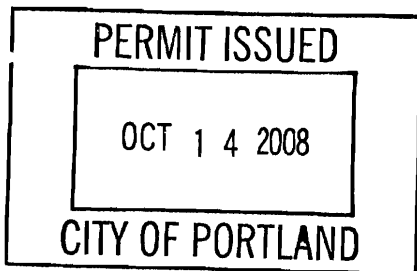
Past Use: Maine Medical Center	Proposed Use: Maine Medical Center - Tent for Maine Medical Center event set-up 10/15/2008 break down 10/16/2008	Permit Fee:	Cost of Work: \$30.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: I2 Type: Tents IBC 2003	

Proposed Project Description: Tent for Maine Medical Center event set-up 10/15/2008 break down 10/16/2008	Signature: <i>Cathy Cross</i>	Signature: <i>M 10/13/08</i>
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: Idobson	Date Applied For: 10/10/2008	Zoning Approval
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- 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	Zoning Appeal	Historic Preservation
<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"/>	<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	<input checked="" 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: _____	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



Tent/Canopy or Temporary Event Staging 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/Park of Installation: MAINE MEDICAL CENTER 22 BRAMHALL STREET, PORTLAND, ME 04102		
Date of Set up/Event 10/15/08		Date of Breakdown/ End of Event 10/16/08
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# S3 D 7	Property Owner: MAINE MEDICAL CENTER	Telephone: 662-2663
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	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.

1. Certificate of Flammability
2. Letter of approval from property owner.
If the City is owner, attach a completed copy of Application to Use City Property Parks & Recreation (756-8275). OCT 10 2008
3. Company name of installer (contact info).
4. 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).
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

Who should we contact when permit is ready: GERARD H. GOULET
Address: 22 BRAMHALL STREET / PORTLAND Telephone: 662-2663

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.

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: <u>Gerard H. Goulet</u>	Date: <u>October 9, 2008</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

City of Portland, Maine - Building or Use Permit

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

Permit No: 08-1280	Date Applied For: 10/10/2008	CBL: 053 D007001
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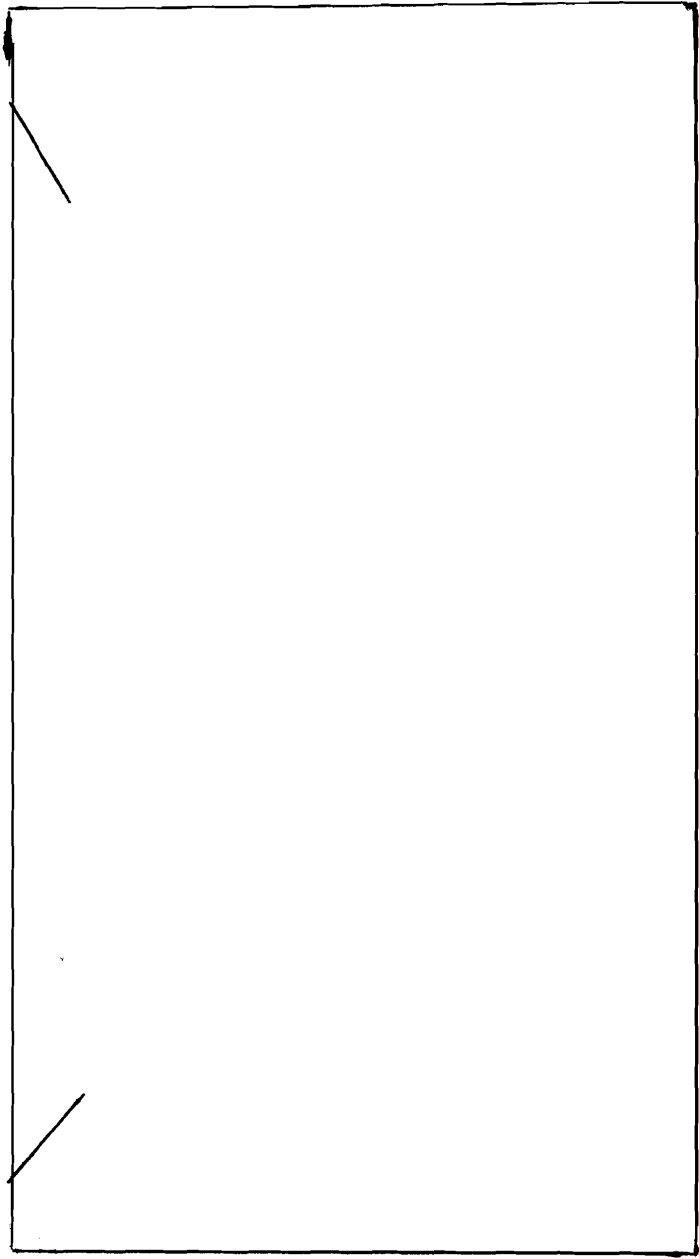
Location of Construction: 22 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Maine Medical Center	Contractor Address: 22 Bramhall Portland	Phone (207) 662-2013
Lessee/Buyer's Name	Phone:	Permit Type: Tents	

Proposed Use: Maine Medical Center - Tent for Maine Medical Center event set-up 10/15/2008 break down 10/16/2008	Proposed Project Description: Tent for Maine Medical Center event set-up 10/15/2008 break down 10/16/2008
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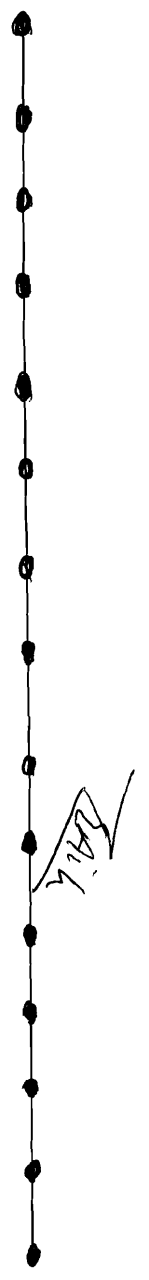
Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 10/10/2008
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date: 10/13/2008
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) This permit DOES NOT authorize any construction activities. The tent/stage must be removed at the end of the event.			
2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.			
Dept: Fire	Status: Approved	Reviewer: Capt Greg Cass	Approval Date: 10/14/2008
Note:	Ok to Issue: <input checked="" type="checkbox"/>		

ENTRANCE

EXIT



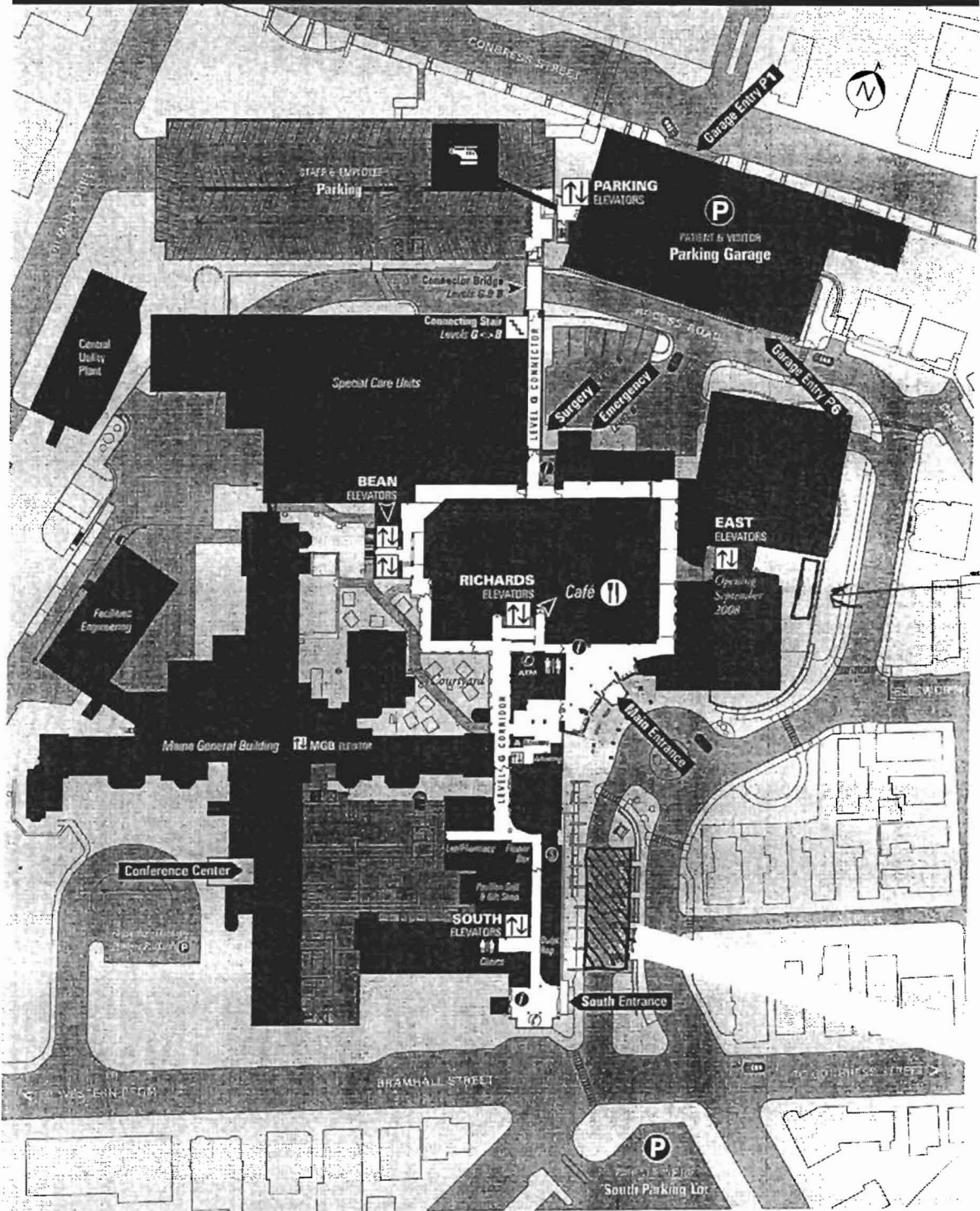
TENT 20' x 50'









Maine Medical Center
MaineHealth

centered around you




ICU location
20 x 50

Welcome! For you and all of our patients' and visitors' health and safety, please:

- 
No Smoking
except where permitted
- 
No Cellular Phones
in patient care areas
- 
No Latex Products
latex-free environment
- 
In Case of Emergency
remain calm and exit

Key

-  Information
-  Telephone
-  Restrooms
-  Elevators
-  Cashier
-  Parking

R 10:1:9+

EXETER RENT-ALL INC.

38 PORTSMOUTH AVE. EXETER, N.H. 03833 (603) 778-9838 FAX: (603) 778-7031
TENT WAREHOUSE (603) 772-4481 38 HAMPTON RD. EXETER, N.H. 03833

PARTY RENTAL PROVISIONS (NON-TENT)

- * 50% DEPOSIT REQUIRED TO BOOK
- * NO CHANGES UNDER TWO WEEKS
- * BALANCE DUE TWO WEEKS PRIOR TO USE

TENT CUSTOMERS

- * 25% DEPOSIT REQUIRED TO BOOK
- * BALANCE DUE TWO WEEKS PRIOR TO USE

ALL CUSTOMERS AGREE TO PROVISIONS OF PARTY EQUIPMENT RIDER ON BACK OF THIS CONTRACT

STORE HOURS: MON - SAT 7:30 AM - 5:00 PM

TENT WAREHOUSE HOURS: MAY 1 - OCT 15

MON - SAT 7:30 AM - 5:00 PM SUN 7:30 AM - 2:00 PM

NOTIFY EXETER RENT-ALL IMMEDIATELY IF EQUIPMENT DOES NOT FUNCTION PROPERLY.

SHOULD FUEL COST RISE SIGNIFICANTLY, WE RESERVE THE RIGHT TO INTRODUCE A FUEL SURCHARGE ON ALL DELIVERIES.

WWW.EXETERRENT-ALL.COM

ALL BOOKING FEES AND DOWN PAYMENTS ARE NON-REFUNDABLE
 FINAL PAYMENT OF PARTY RESERVATIONS IS DUE TWO WEEKS PRIOR TO THE EVENT
 ALL PARTY RENTAL PAYMENTS ARE NON-REFUNDABLE WITHIN TWO WEEKS OF THE EVENT

Customer ID=====RESERVATION=====Contract Number
 2076620111=====01-077890-05

10/09/08=====MAINE MEDICAL CENTER=====207 662 0111
 MAINE MEDICAL CENTER
 22 BRAMHALL ST
 PORTLAND ME 04102

set Weds AM
 must be done by 2
 using at 5
 Gerry Goulet contact 207 662 6022
 email gouleg@mmc.org
 check on del ok

Rsrvd: WED 10/08/08 09:21
 Delivr: WED 10/15/08
 Out: WED 10/15/08 08:00
 Pickup: THU 10/16/08
 Due: THU 10/16/08 08:00

=Item No.=====Qty=Description=====Rate Info=====Unit==Extended						
9997-0003	1	**** PARTY GOODS DELIVERY AND PICKUP, REGULAR PRICING INCLUDES DELIVERY 1 TO 5 DAYS PRIOR TO YOUR EVENT & PICKUP 1 TO 2 DAYS AFTER THE EVENT. YOU WILL BE NOTIFIED OF THE ACTUAL DATES.* SPECIAL ARRANGEMENTS CAN BE MADE AT ADDITIONAL COST	0.00		0.00	0.00
9997-0005	1	***** CONFIRMATION ***** THANK YOU FOR YOUR DEPOSIT. YOUR RESERVATION HAS BEEN SET. PLEASE REMEMBER THAT THE FINAL PAYMENT OF \$balan.ce IS DUE A MINIMUM OF 2 WEEKS PRIOR TO YOUR EVENT.	0.00		0.00	0.00
0455-2315	1	TENT, QUIK2 WHITE 20X50 (1) P1	550.00		550.00	550.00
0455-2222	1	TENT, QUIK2 WHITE 15X15 P1	185.00		185.00	185.00
0465-0255	19	SIDE, WINDOW 7X20 {BO} P1	24.00		24.00	456.00
0435-5000	40	HOLD DOWN WEIGHTS P1	7.50		7.50	300.00
		2 at each leg 3 at corners of 20x50				
0471-0300	7	GLOBE LIGHT/10 BULBS-30FT P1	60.00		60.00	420.00
0471-0100	3	DIMMER P1	20.00		20.00	60.00
0450-0024	7	TABLE, BANQUET 6'X30" {p} P9	9.00		9.00	63.00

I HAVE READ AND UNDERSTAND THE TERMS & CONDITIONS ON BOTH SIDES OF THIS AGREEMENT AND CERTIFY THAT THOSE PRINTED ON THE OTHER SIDE ARE AGREED TO AS IF PRINTED ABOVE MY SIGNATURE. THERE ARE NO ORAL OR OTHER REPRESENTATIONS NOT INCLUDED HEREIN. DAMAGE WAIVER: If you pay the damage waiver charge as specified, subject to the conditions and limitations below, we agree to hold the terms of this contract and to release you, a liability, under \$1000 for accidental damages to items rented under this contract and for loss of the rental equipment. We do not, however, assume any loss of or damage due to theft, misuse, or damage due to conversion, towing charges, fire, flood, vandalism, mysterious disappearance or otherwise. Losses resulting from overloading, or exceeding the rated capacity, or rental items lost caused by fire, theft, or other causes not covered by this agreement. Damage to items, and caused by fire, flood, vandalism, and the like, shall be the responsibility of the renter. Items are to be returned to the rental location in the same condition as when rented. Items are to be returned to the rental location in the same condition as when rented. Items are to be returned to the rental location in the same condition as when rented.

DUE IN

SIGNATURE

D.W.C IS NOT INSURANCE. RENTER MAY BY INITIALS DECLINE D.W.C

Pg Sales Agent: Michael Park Date: 10/09 Customer: MAINE MEDICAL CENTER Contract: 01-077890-05
 DECLINES D.W.C *more*

R 10:1:9+

EXETER RENT-ALL INC.

38 PORTSMOUTH AVE. EXETER, N.H. 03833 (603) 778-9838 FAX: (603) 778-7031
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NOTIFY EXETER RENT-ALL IMMEDIATELY IF EQUIPMENT DOES NOT FUNCTION PROPERLY.

SHOULD FUEL COST RISE SIGNIFICANTLY, WE RESERVE THE RIGHT TO INTRODUCE A FUEL SURCHARGE ON ALL DELIVERIES.

Customer ID=====Contract Number
 2076620111 WWW.RESERVATIONONLL.COM 01-077890-05

0450-0040	12 TABLE, COCKTAIL 30" KIT	P9	10.50	10.50	
	Discount:		Your price:	9.500	114.00
0605-0055	12 BASE, PEDESTAL TABLE				
0605-0095	12 COLUMN, PEDESTAL 42"				
0605-0185	12 TOP, PEDESTAL TABLE 30"				
0630-0064	12 SET UP COCKTAIL TABLES				
0450-0070	2 TABLE, ROUND 72"	P9	13.50	13.50	27.00
0425-1830	2 WHITE, POLY 132 RND	P1	21.35	21.35	42.70
0425-1823	7 WHITE, POLY 72X120	P1	10.35	10.35	72.45
0425-1832	7 WHITE, POLY 14' SKIRT	P1	29.35	29.35	205.45
0415-0012	56 CLIPS, TABLE ERA				
0425-1826	12 WHITE, POLY 90 RND	P1	12.85	12.85	154.20
0342-4045	8 RACK/PLATINUM 7"PLATE (20)	P1	8.60	8.60	68.80
0355-0045	160 PLATE, PLATINUM RIM 7"				
0386-0085	2 RACK / 12oz PILSNER (36)	P1	13.65	13.65	27.30
0385-0085	72 GLASS, PILSNER 12OZ				
0215-0085	9 .LABOR TABLE SET AND BREAKDOWN			2.00	18.00
0470-0065	2 HEAT, TENT-KIT LP80	GO	200.00	200.00	400.00
	we msut bring and install the 25' lp hose extentions the tanks must be on a different level				
0055-0200	2 HOSE, LP EXTENSION 25FT	EQ	4.00	4.00	8.00

-----Receipts Summary-----		-----Summary-----	
No payments have been made		LINEN RENTAL	474.80
		RESALE	18.00
		RENTAL	2679.10
		Security Deposit	150.00
		Transportation	350.00
		Damage waiver	189.23
		Total	3861.13

I HAVE READ AND UNDERSTAND THE TERMS & CONDITIONS ON BOTH SIDES OF THIS AGREEMENT AND CERTIFY THAT THOSE PRINTED ON THE OTHER SIDE ARE AGREED TO AS IF PRINTED ABOVE MY SIGNATURE. THERE ARE NO ORAL OR OTHER VERBAL REPRESENTATIONS NOT INCLUDED HEREIN. DAMAGE WAIVER: If you pay the damage waiver charge as indicated, subject to the conditions and

DUE IN

THU 10/16/08 08:00

SIGNATURE

D.W.C IS NOT INSURANCE RENTER MAY BY INITIALS DECLINE D.W.C

Pg Sales Agent:
2 Michael Park

Date: Customer
10/09 MAINE MEDICAL CENTER

Contract:
01-077890

DECLINES
D.W.C

Certificate of Flame Resistance



REGISTERED
APPLICATION
CONCERN NO.

CAL COMB F-419.01

ISSUED BY:
AZTEC TENTS
490 ALASKA AVENUE
TORRANCE, CA 90503
(310)328-5060

Date treated or
manufactured

03/2006

This is to certify that the materials described below hereof have been flame retardant treated (or are inherently nonflammable).

FOR EXETER RENT-ALL ADDRESS 38 PORTSMOUTH AVENUE
CITY EXETER STATE NH, 03833

Certification is hereby made that: (check "a" or "b")



- (a) The articles described below 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 below hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use; Fabric has been tested and passes NFPA701-96. Trade name of flame-resistant fabric or material used *Laminated Fabric* . Reg. No.

The Flame Retardant Process Used WILL NOT Be Removed by Washing
(will or will not)

David Bradley

Name of Applicator or Production Superintendent

Chuck Miller - President

Title

CUSTOMER ORDER NO. R159642

ITEMS MANUFACTURED:

- 1- 8'x4' (2 PC.) GABLE ENDS- ULTRA WHITE
- 10- 7'x20' SOLID WALL- ULTRA WHITE
- 10- 8'x20' SOLID WALL- ULTRA WHITE
- 20- 7'x20' PANORAMA WALL- ULTRA WHITE
- 20- 8'x20' PANORAMA WALL- ULTRA WHITE
- 3- 20'x20' (2 PC.) QWIK TOP ONLY- ULTRA WHITE
- 1- 20'x10' QWIK MIDDLE TOP ONLY- ULTRA WHITE
- 2- 20'x20' QWIK MIDDLE TOP ONLY- ULTRA WHITE
- 1- 20'x60' (1 PC.) QWIK TOP ONLY- ULTRA WHITE
- 1- 20'x50' (1 PC.) QWIK TOP ONLY- ULTRA WHITE
- 1- 30'x30' (1 PC.) QWIK TOP ONLY- ULTRA WHITE
- 1- 30'x40' (1 PC.) QWIK TOP ONLY- ULTRA WHITE
- 1- 30'x50' (1 PC.) QWIK TOP ONLY- ULTRA WHITE
- 1- 40'x20' QWIK MIDDLE TOP ONLY- ULTRA WHITE

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
08/28/2008

PRODUCER
MEDICAL MUTUAL INS. CO. OF MAINE
ONE CITY CENTER, PO BOX 15275
PORTLAND, ME 04112-5275

INSURED
MAINEHEALTH
465 CONGRESS STREET
SUITE 600
PORTLAND, ME 04101-3537

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.

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: MEDICAL MUTUAL INS. CO. OF MAINE	
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 POLICES 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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC	ME CHL 000363	10/01/2007	10/01/2008	EACH OCCURRENCE \$ 2,000,00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 2,000,00 GENERAL AGGREGATE \$ 4,000,00 PRODUCTS - COMP/OP AGG \$ 4,000,00								
		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 \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>EL DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>EL DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	EL EACH ACCIDENT	\$	EL DISEASE - EA EMPLOYEE	\$	EL DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER													
EL EACH ACCIDENT	\$													
EL DISEASE - EA EMPLOYEE	\$													
EL DISEASE - POLICY LIMIT	\$													
		OTHER												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

IT IS UNDERSTOOD AND AGREED THAT THE CITY OF PORTLAND, ME IS AN ADDITIONAL INSURED UNDER THE ABOVE DESCRIBED POLICY ONLY WITH RESPECT TO THE GRAND OPENING OF THE WOMEN AND INFANT'S CENTER OF THE EAST TOWER EXPANSION BEING HELD ON THE BRACKETT STREET EXTENSION ON SEPTEMBER 6, 2008 FROM 8:00AM TO 12:00PM.

CERTIFICATE HOLDER 10001

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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Terrence J. Sheehan, M.D., PRESIDENT

CITY OF PORTLAND
389 CONGRESS STREET

City of Portland, Maine - Building or Use Permit

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Note:				

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Location of Construction: 22 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Maine Medical Center	Contractor Address: 22 Bramhall Portland	Phone (207) 662-2013
Lessee/Buyer's Name	Phone:	Permit Type: Tents	

Proposed Use: Maine Medical Center - Tent for Maine Medical Center event set-up 10/15/2008 break down 10/16/2008	Proposed Project Description: Tent for Maine Medical Center event set-up 10/15/2008 break down 10/16/2008
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 10/10/2008	Note:	Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date: 10/13/2008	Note: 1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.	Ok to Issue: <input checked="" type="checkbox"/>
Dept: Fire	Status: Approved	Reviewer: Capt Greg Cass	Approval Date: 10/14/2008	Note:	Ok to Issue: <input checked="" type="checkbox"/>