

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

BU **PERMIT** ION

Permit Number: 090660

Please Read
Application And
Notes, If Any,
Attached

This is to certify that Maine Medical Center/Taylor Medicals/Partners
has permission to Erect 40' x 70' tent, set up 8/1/09 breakdown 8/3/09
AT 22 Bramhall St CP 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 red-in. 24 HOUR NOTICE IS REQUIRED.

PERMIT ISSUED
A certificate of occupancy must be procured by owner before this building or part thereof is occupied.
CITY OF PORTLAND

OTHER REQUIRED APPROVALS

Fire Dept. CAPT. R. Sauter
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Chip M... 7/7/09
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

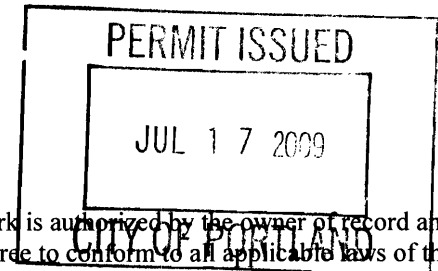
City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 09-0660	Issue Date: 7/7/09	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: Taylor Rentals/Party Plus	Contractor Address: 8 Commercial Street Biddeford	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: C-41

Past Use: Maine Medical Maine	Proposed Use: Maine Medical / Erect 40' x 70' tent, set up 8/1/09, breakdown 8/3/09.	Permit Fee:	Cost of Work: \$35.00	CEO District: 2
Proposed Project Description: Erect 40' x 70' tent, set up 8/1/09, breakdown 8/3/09.		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied *See conditions	INSPECTION: Use Group: Tent Type: IBC-2003	
		Signature: (KG)	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: 06/23/2009	Zoning Approval		
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: 6/24/09	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 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:



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

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

Permit No: 09-0660	Date Applied For: 06/23/2009	CBL: 053 D007001
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Business Name:	Contractor Name: Taylor Rentals/Party Plus	Contractor Address: 8 Commercial Street Biddeford	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Tents	

Proposed Use: Maine Medical / Erect 40' x 70' tent, set up 8/1/09, breakdown 8/3/09.	Proposed Project Description: Erect 40' x 70' tent, set up 8/1/09, breakdown 8/3/09.
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 06/24/2009	Note:	Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Chris Hanson	Approval Date: 07/07/2009	Note: 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.	Ok to Issue: <input checked="" type="checkbox"/>
Dept: Fire	Status: Approved with Conditions	Reviewer: Capt Keith Gautreau	Approval Date: 06/30/2009	Note: 1) Tents shall have an approved fire resistant rating, Maintain 10' between stake lines, No smoking or open flame within 10', Provide at least 1 2 A 10 BC extinguisher.	Ok to Issue: <input checked="" type="checkbox"/>

Comments:
 6/24/2009-mes: The application did not describe the reason for the permit. I called and left a voice mail for the applicant. This should not hold up the permit.

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

 X **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

CBL: 053 D007001

Building Permit #: 09-0660



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: 22 BRAMHALL ST.		
Date of Set up/Event AUGUST 1ST, 2009		Date of Breakdown/ End of Event AUGUST 3RD, 2009
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 053 D 009	Property Owner: MAINE MEDICAL	Telephone: 662-2663
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: GERARD L. GOULET	Fee: \$30.00

The permit fee and the following items must be completed and submitted along with this application 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 Parks & Public Space from Parks & Recreation (756-8275).
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 3 Rtd's 3DN # 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 L. GOULET** *Call*
Address: **22 BRAMHALL ST.** Telephone: **662-2663** *xx*

PERMIT ISSUED

JUN 23 2009

CITY OF PORTLAND

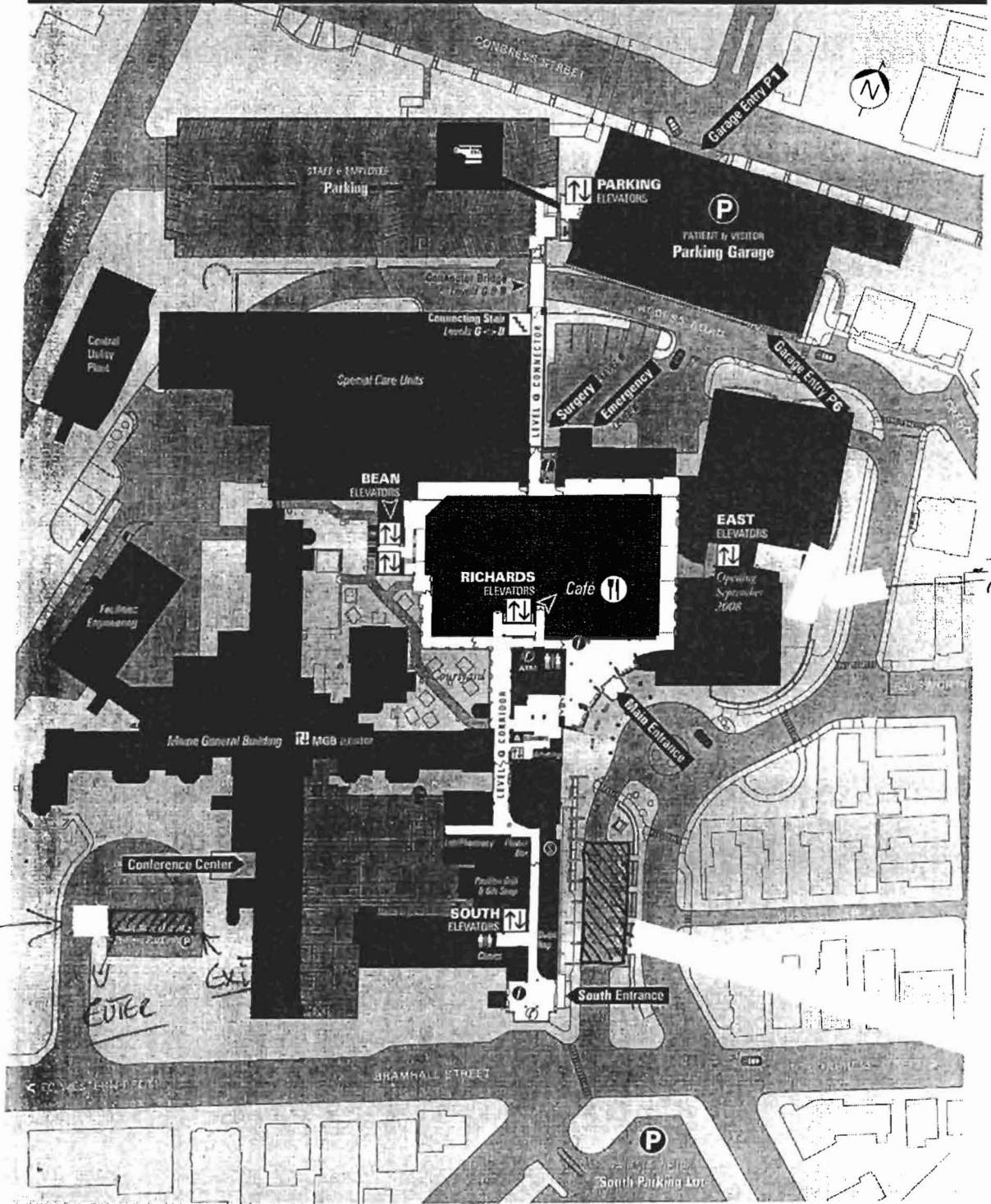
Please submit all of the information outlined in the Tent/Canopy and Event Staging Permit Application as one package. Failure to do so will result in the automatic denial of your permit.

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: <i>Gerard L. Goulet</i>	Date: JUNE 22, 2009
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This is not a permit; you may not commence ANY work until the permit is issued.









Parking AT a BEAM Hall

Welcome! For your 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

we will also be shuttling from St. John's Parking lot.

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID KL CSME001	DATE (MM/DD/YYYY) 06/02/09
PRODUCER ARA Insurance Services 102 NW Parkway Kansas City MO 64150 Phone: 800-821-6580 Fax: 816-474-1931	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 Party Plus; C & S Party Rental C & S Party Rental, Inc. 6 Commercial Street Biddeford ME 04005	INSURERS AFFORDING COVERAGE	NAIC # 37257	
	INSURER A: Prætorian Insurance Company		
	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 LTR	ADDL LTR	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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	H841800141-07	09/15/08	09/15/09	EACH OCCURRENCE \$ 1,000,000								
		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000								
		MED EXP (Any one person)				\$ 5,000								
		PERSONAL & ADV INJURY				\$ 1,000,000								
		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 \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table style="width:100%; font-size: x-small;"> <tr> <td style="width: 50%;">W/C STATUTORY LIMITS</td> <td style="width: 50%;">OTHER</td> </tr> <tr> <td>E L EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E L DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E L DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	W/C STATUTORY LIMITS	OTHER	E L EACH ACCIDENT	\$	E L DISEASE - EA EMPLOYEE	\$	E L DISEASE - POLICY LIMIT	\$
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E L EACH ACCIDENT	\$													
E L DISEASE - EA EMPLOYEE	\$													
E L DISEASE - POLICY LIMIT	\$													
A		OTHER Rental/Sales Inv	H841800141-07	09/15/08	09/15/09	Blanket								

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

CERTIFICATE HOLDER Maine Medical Center	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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 ARA Insurance Services
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Certificate of Flame Resistance



REGISTERED
FABRIC
NUMBER

F53501

Issued by

TOPTEC PRODUCTS, LLC
1073 Neely Ferry Road
Laurens, SC 29360

Date Manufactured

02/11/08

*This is to certify that the materials described
are inherently flame retardant.*

Name TAYLOR RENTAL/PARTY PLUS

Address 8 COMMERCIAL ST

City BIDDEFORD State ME Zip 04005

Certification is hereby made that:

The articles described are flame-retardant, approved and registered by the State Fire Marshal and that the fabric is in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal. Fabric has been tested and passes NFPA701-99, ULC214, MVSS302.

Method of Application: The Flame Retardency of this Fabric is Inherent and Permanent.

Description of item certified: FUTURE END 40x40
BLACKOUT WHITE

The Flame Retardant Process Used WILL NOT Be Removed By Washing.

TOPTEC PRODUCTS, LLC.

Name of Production Superintendent

MODEL TU404005E

SERIAL # 281507B