

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 090877

Please Read
Application And
Notes, If Any,
Attached

This is to certify that Maine Medical Center/Taylor Rooms/Part
has permission to Erect 20' x 20' tent, setup on 09/20/09 and breakdown 10/01/09
AT 22 Bramhall St CB# 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 lathed or otherwise closed-in. 24 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. CAPT. R. Hartness
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: 09-0877	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: 207-662-6022
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-4H

Past Use: Hospital / Maine Medical Center	Proposed Use: Maine Medical Center / Erect 20' x 20' tent, setup on 09/30/09 and breakdown on 10/01/09.	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: Erect 20' x 20' tent, setup on 09/30/09 and breakdown on 10/01/09.		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions	INSPECTION: Use Group: A Type: LL	
		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: 08/14/2009	Zoning Approval	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <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: 08/10/09	<p>Zoning Appeal</p> <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: _____	<p>Historic Preservation</p> <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:
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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



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: <u>22 BEAM HALL ST. PORTLAND</u>		
Date of Set up/Event: <u>SEPTEMBER 30, 2009</u>	Date of Breakdown/ End of Event: <u>OCTOBER 1ST</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>053</u> Block# <u>D</u> Lot# <u>007</u>	Property Owner: <u>MAIVE MEDICAL</u>	Telephone: <u>662-6022</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>GERARD H. GOULET</u>	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.

AUG 14 2009

- ✓ 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 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 ^{xx}
Address: 22 BEAM HALL ST. Telephone: 662-6022 _{cell}

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: Gerard H. Goulet Date: August 14, 2009

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

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 6 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

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 INSURER A: Praetorian Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 37257	

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	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	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 <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER 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

CANCELLATION

Maine Medical Center	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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).

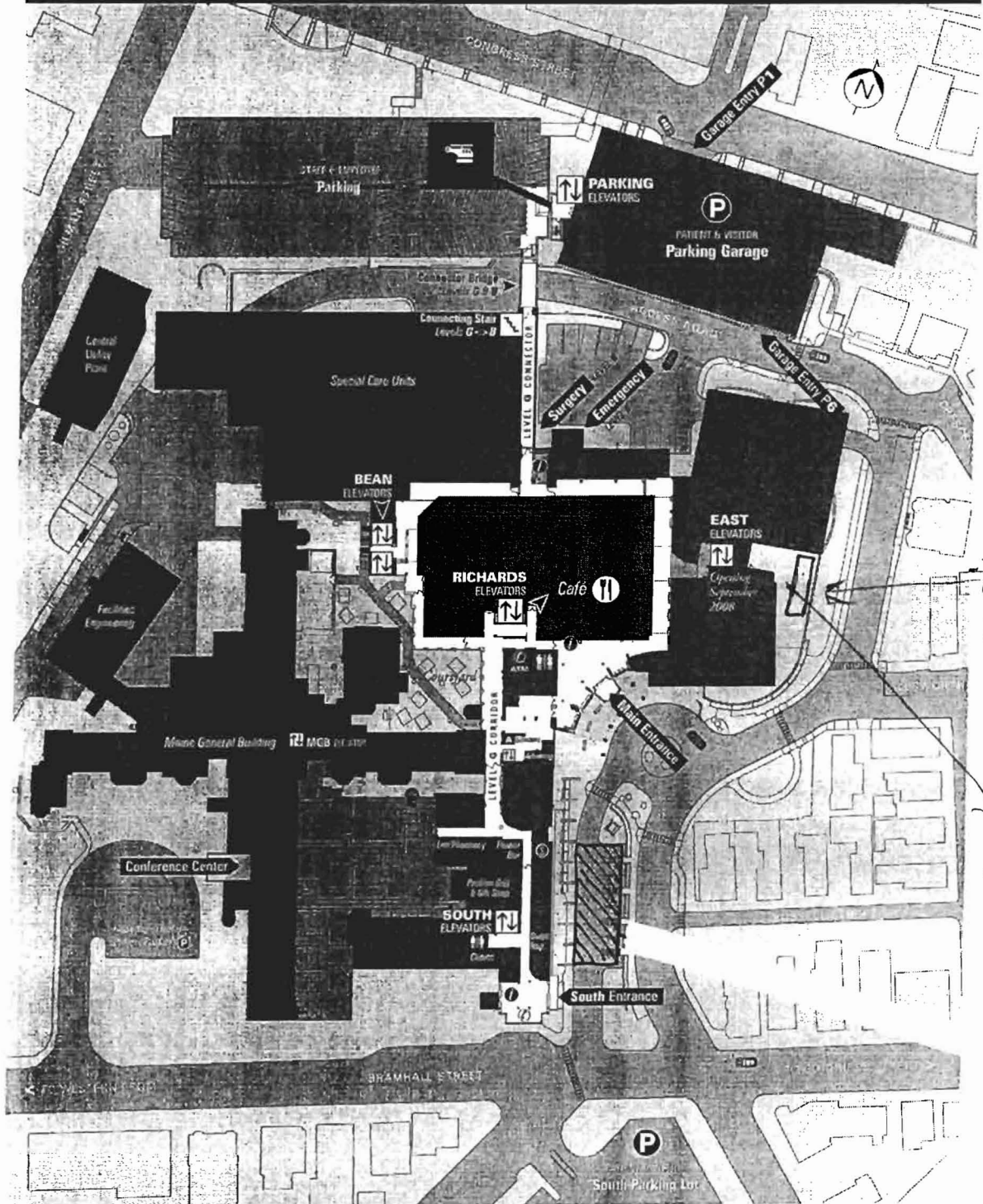
DISCLAIMER

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.



Maine Medical Center
MaineHealth

centered around you



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