

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that MAINE MEDICAL CENTER

Located At 22 BRAMHALL ST

Job ID: 2012-05-4029-SE

CBL: 053- D-007-001

has permission to erect 3 tents on 9-10-12 breakdown 9-14-12

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD**

BUILDING PERMIT INSPECTION PROCEDURES

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

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

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Acting Director of Planning and Urban Development
Gregory Mitchell

Job ID: 2012-05-4029-SE

Located At: 22 BRAMHALL ST

CBL: 053- D-007-001

Conditions of Approval:

Fire

Installation shall comply with City Code Chapter 10.

Tents shall have an approved fire resistant rating and maintain 10' between stake lines. No smoking or open flame allowed within 10'. Provide at least one 2A:10 BC fire extinguisher.

City of Portland, Maine - Building or Use Permit Application

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

| | | | |
|---|---|---|---|
| Job No: 2012-05-4029-SE | Date Applied: 5/18/2012 | CBL: 053- D-007-001 | |
| Location of Construction: 22 BRAMHALL ST | Owner Name: MAINE MEDICAL CENTER – Gerald Goulet | Owner Address: 22 BRAMHALL ST PORTLAND, ME 04102 ME | Phone: 207-662-2618 |
| Business Name: | Contractor Name: Party Plus | Contractor Address: 6 Commercial St., Biddeford, ME 04005 | Phone: (207) 283-8009 |
| Lessee/Buyer's Name: | Phone: | Permit Type: TENTS - Tents | Zone: C-41 |
| Past Use: Maine Medical Center | Proposed Use: Same – Maine Medical Center – erect three tents – 20' x 40, 20' x 30 & 12' x 35' – set up 9/10/12 and breakdown 9/14/12 | Cost of Work: | CEO District: |
| Proposed Project Description: erect 3 tents 20'x40', 20' x 30' & 12' x 35' | | Fire Dept: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A Signature: <i>Capt. Poirie</i> | Inspection: Use Group: <input checked="" type="checkbox"/> Type: <i>Tent</i> Signature: <i>[Signature]</i> |
| Permit Taken By: Gayle | | Zoning Approval | |

| | | | |
|---|---|--|--|
| <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 informatin may invalidate a building permit and stop all work.</p> | <p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>___ Maj ___ Min ___ MM</p> <p>Date: <i>05/18/12</i> <i>AGU</i></p> | <p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p> | <p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in Dist or Landmark</p> <p><input type="checkbox"/> Does not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>AGU</i></p> |
| | 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 appication 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 |



C-41

2012 05 4029

put in basket 5/21/12

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 ST. BETHAUN EAST TOWER PATIO | | |
| Date of Set up/Event SEPTEMBER 10 2012 | Date of Breakdown/ End of Event SEPTEMBER 14 2012 | |
| Tax Assessor's Chart, Block & Lot Chart# 053 Block# D Lot# 009 | Property Owner: MAINE MEDICAL CENTER | Telephone: 662-2618 |
| Lessee/Buyer's Name (If Applicable) | Applicant name, address & telephone: GERARD L. GOUET 22 BRAMHALL STREET BETHAUN, MAINE 662-2618 | Fee: \$30.00 |

RECEIVED

The permit fee and the following items must be completed and submitted along with this application in order to receive a permit.

MAY 18 2012

- Certificate of Flammability
- Letter of approval from property owner. **Dept. of Building Inspections**
City of Portland Maine
If the City is owner, attach a completed copy of Application to Use City Parks & Public Space from Parks & Recreation (756-8275).
- Company name of installer (contact info). **PARTY Plus 283-8009**
- 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).
- 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. GOUET
 Address: 22 BRAMHALL STREET Telephone: 662-2618

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 L. Gouet</u> | Date: <u>May 18, 2012</u> |
|--|---------------------------|

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



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Receipts Details:

Tender Information: Cash
Tender Amount: 30.00

Receipt Header:

Cashier Id: gguertin
Receipt Date: 5/18/2012
Receipt Number: 44094

Receipt Details:

| | | | |
|--|-------|----------------|---------------|
| Referance ID: | 6569 | Fee Type: | BP-Tent/Event |
| Receipt Number: | 0 | Payment Date: | |
| Transaction Amount: | 30.00 | Charge Amount: | 30.00 |
| Job ID: Job ID: 2012-05-4029-SE - 20'x70' & 12' x 35' tent on 9-10-12 brkdown 9-14 | | | |
| Additional Comments: Gerald Goulet | | | |

Thank You for your Payment!

RECEIVED

MAY 21 2012

Dept. of Building Inspections
City of Portland, Maine

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

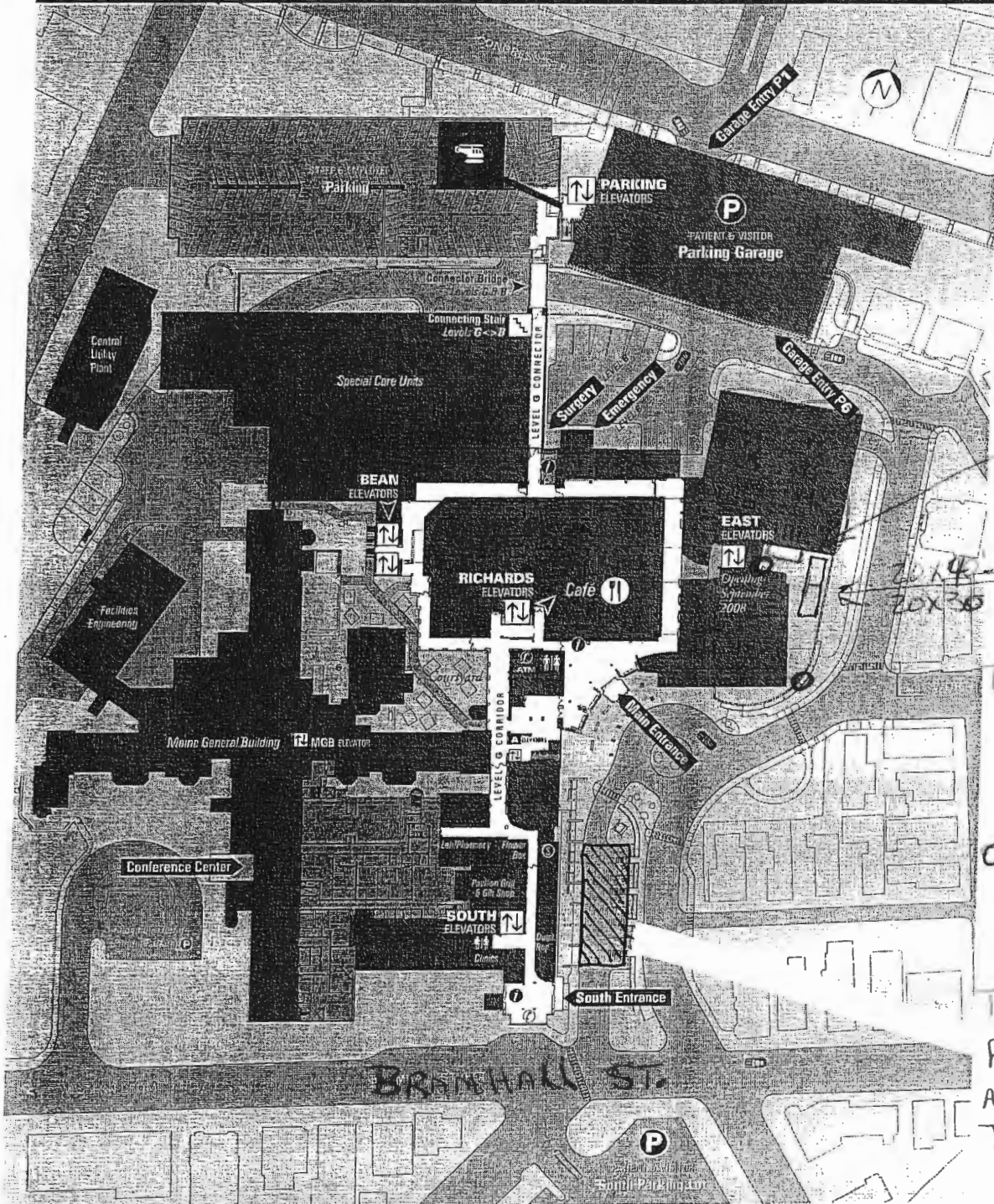
MODEL TU404005E

SERIAL # 2815078


No. 6034 P. 2
207-283-0460 P. 2

Party Plus


May. 21. 2012 2:13PM




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

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 | <table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Praetorian Insurance Company</td> <td>37257</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table> | INSURERS AFFORDING COVERAGE | NAIC # | INSURER A: Praetorian Insurance Company | 37257 | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | |
| INSURERS AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | |
| INSURER A: Praetorian Insurance Company | 37257 | | | | | | | | | | | | |
| 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 | 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 | 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 DEDUCTIBLE 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 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 |
|---|---|

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.