

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: 2012-06-4367-SE

CBL: 053- D-007-001

has permission to MMC Event w/ 3Tents set-up August 3, breakdown August 7, 2012

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



# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life* • [www.portlandmaine.gov](http://www.portlandmaine.gov)

Director of Planning and Urban Development  
Jeff Levine

Job ID: 2012-06-4367-SE

Located At: 22 BRAMHALL ST

CBL: 053- D-007-001

## **Conditions of Approval:**

### **Fire**

1. 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.
2. Emergency lighting and approved illuminated EXIT signs are required for events held outside of day light hours. A back up generator with transfer switch shall meet this requirement if the following is met:
  - a. All lighting is powered from the generator circuit.
  - b. The lighting illuminates the face of the EXIT signs.
  - c. An auto transfer and start shall be provided or dedicated staff shall be provided for that purpose.
3. EXITS
  - a. Two remote exits/entrances shall be provided for each enclosed area.
  - b. The exits shall have minimum clear width of 36 inches.
  - c. Corridors shall be maintained a minimum of 36 inches. Where a chair is placed between a table and the corridor the measurement shall be made from the table and add 19 inches for each chair (ie. Chair at both sides 38" + 36"= 74").
4. Fuel-fired heating equipment and propane tanks shall be installed outside of the tents and not within 5 feet of the tents or an exit discharge.
5. The fire department shall inspect the premise prior to the event.
6. Any cooking equipment arrangement and type shall be evaluated at the inspection.





2012-6-4367 SPP

# Tent/Canopy or Temporary Event Staging Permit Application

C-41

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. PORTLAND MAINE 04101		
Date of Set up/Event AUGUST 3 2012		Date of Breakdown/ End of Event AUGUST 7 2012
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# 53            D            7	Property Owner: MAINE MEDICAL CENTER	Telephone: 207-662-6022
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: GERARD GOULET 22 BRAMHALL ST. PORTLAND MAINE 662-6022	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 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 GOULET  
Address: 22 BRAMHALL ST. PORTLAND ME. Telephone: 207-662-6022

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](http://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.

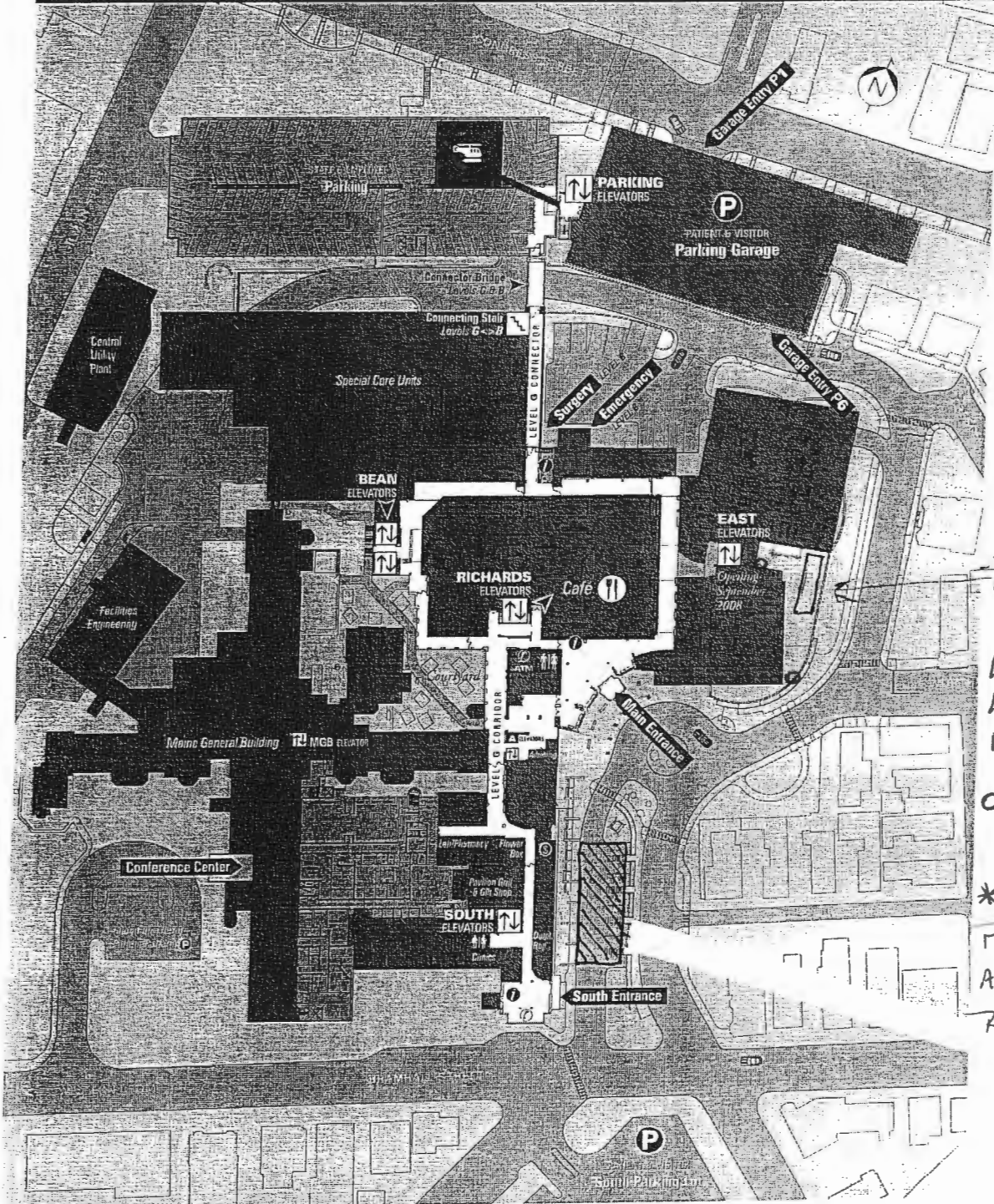
Signature of applicant: <u>Gerard Goulet</u>	Date: <u>June 28 2012</u>
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**This is not a permit; you may not commence ANY work until the permit is issued.**



Maine Medical Center  
MaineHealth

*centered around you*









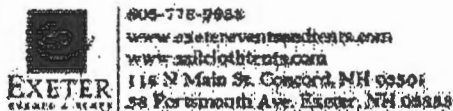
TEST  
LOCATION  
1- 20x30  
1- 20x40  
1- 8x36  
O - EXIT SIGNS  
POSTED  
\* - TEST IS 27'  
FROM SIDEWALK  
AND 33' FROM  
ROAD.

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



Maine Medical Center  
22 Bramhall St  
Portland ME 04102

To Whom It May Concern:

On Friday August 3<sup>rd</sup> 2012 we plan to deliver a 20 x 40 frame tent, 20 x 30 frame tent and an 8 x 36 marquee with 2 - 8' gutters. All to be secured fully by weights and not be staked into the ground. On the contract we have perimeter lighting included for each structure as well as a dimmer for each. In addition there are 15 - 8' banquet tables and 120 white garden chairs for customers to set up according to their preference.

Our contract states that the event will be taking place on Monday, August 6<sup>th</sup> 2012 and we are to pick up the rentals on Tuesday, August 7<sup>th</sup> 2012. To reserve this contract and secure the rental items, we require a 25% non-refundable booking deposit. Final changes to the contract as well as final balance are due a *minimum* of two weeks prior to the event.

In addition to this letter we will be forwarding a copy of the liability insurance as well as a flame resistant certificate, to be utilized for obtaining a permit for this event.

Thank you for choosing Exeter Events and Tents; we look forward to working with you.

Sincerely,

Kaitlin O'Flaherty  
Exeter Events & Tents

# Certificate of Flame Resistance

REGISTERED APPLICATION CONCERN NO.

CAL COMB F-119.01

AZTEC TENTS  
490 ALASKA AVENUE  
TORRANCE, CA 90503  
(800)228-3687

Date treated or manufactured

03/2007

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

FOR

**EXETER RENT-ALL  
ATTN: MICHAEL PARKIN  
38 PORTSMOUTH AVENUE  
EXETER, 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 \_\_\_\_\_, Limited Parts  
Reg. No. F-2221.....

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

David Bradley

Chuck Miller - President

Name of Applicator or Production Representative

Title

CUSTOMER ORDER NO. R164084

### ITEMS MANUFACTURED:

- 60- 5'x20' PANORAMA WALL- ULTRA WHITE
- 30- 7'x20' PANORAMA WALL- ULTRA WHITE
- 2- 40'x40' (2 PC.) QWIK TOP ONLY- ULTRA WHITE
- 3- 40'x20' QWIK TOP MIDDLE ONLY- ULTRA WHITE
- 1- 30'x30' (2 PC.) QWIK TOP ONLY- ULTRA WHITE
- 2- 30'x20' QWIK TOP MIDDLE ONLY- ULTRA WHITE
- 1- 30'x10' QWIK TOP MIDDLE ONLY- ULTRA WHITE
- 1- 30'x40' (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'x60' (1 PC.) QWIK TOP ONLY- ULTRA WHITE
- 2- 12'x12' (1 PC.) QWIK TOP ONLY- ULTRA WHITE
- 2- 20'x30' (1 PC.) QWIK TOP ONLY- ULTRA WHITE
- 3- 20'x20' (1 PC.) QWIK TOP ONLY- ULTRA WHITE
- 1- 20'x40' (1 PC.) QWIK TOP ONLY- ULTRA WHITE



# CERTIFICATE OF LIABILITY INSURANCE

EXETE-2 OP ID: L2

DATE (MM/DD/YYYY)  
06/19/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER National Insurance Specialists 811 Madison Ave., 10th Floor P.O. Box 1687 Toledo, OH 43603-1687 John M. Haedo	888-489-7165 888-489-7105	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: <b>Hartford Fire Insurance Co.</b> NAIC # <b>019682</b> INSURER B: <b>Hartford Casualty Insurance Co</b> <b>029424</b> INSURER C: INSURER D: INSURER E: INSURER F:		
INSURED <b>Exeter Rent-All, Inc. dba                  Exeter Rent-All &amp;                  Sail Cloth Tents                  38 Portsmouth Ave                  Exeter, NH 03833</b>			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDC INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			45UUNQZ0833	04/01/12	04/01/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			45HHUQZ0881	04/01/12	04/01/13	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						
B	Inland Marine Equipment Floater			45UUNQZ0833	04/01/12	04/01/13	Limit 1,500,000 Deduct 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 This certificate is issued as evidence of liability for the above Named Insured. No certificate holder should be added to the policy via this certificate without insured contacting the insurance agency for issue.

CERTIFICATE HOLDER BLANK02 EVIDENCE OF INSURANCE ONLY FILE PURPOSES ONLY NOT TO BE ALTERED	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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## BUILDING PERMIT INSPECTION PROCEDURES

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

or email: [buildinginspections@portlandmaine.gov](mailto: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.