

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that Maine Medical Center/ Gerald Goulet

Located At 22 BRAMHALL ST

Job ID: 2012-10-5143-SE

CBL: 053- D-007-001

has permission to ME MED Private event 10/23/12

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 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

10-20-12

**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

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Jeff Levine

Job ID: 2012-10-5143-SE

Located At: 22 BRAMHALL ST

CBL: 053-D-007-001

Conditions of Approval:

Fire

1. Installation shall comply with City Code Chapter 10.
2. All construction shall comply with City Code Chapter 10.
3. <http://www.portlandmaine.gov/citycode/chapter010.pdf>
4. 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.
5. If the sides of the tents are to be enclosed at least two remotely located and marked exits shall be provided.
6. 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.
7. Cooking within the tents has not been reviewed and approved.



Tent/Canopy or Temporary Event Staging Permit Application

Entered

10/10/12
(73)

H 2012-10-5143-5E

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		
Date of Set up/Event OCT. 23 2012		Date of Breakdown/ End of Event OCT. 24 2012
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 053 D007	Property Owner: MAINE MEDICAL	Telephone: 662-2663
Lessee/Buyer's Name (If Applicable) GERARD H. GOULET	Applicant name, address & telephone: GERARD GOULET	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

*3 tents: 1-12x35
1 26x30
1 20x40*

RECEIVED
OCT 10 2012
Dept. of Building Inspections
City of Portland Maine

* Who should we contact when permit is ready: GERARD GOULET
Address: 22 BRAMHALL ST. 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 Goulet</u>	Date: <u>OCT. 10 2012</u>
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This is not a permit; you may not commence ANY work until the permit is issued.



PORTLAND MAINE

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Receipts Details:

Tender Information: Cash
Tender Amount: 30.00

Receipt Header:

Cashier Id: bsaucier
Receipt Date: 10/10/2012
Receipt Number: 49095

Receipt Details:

Referance ID:	8306	Fee Type:	BP-Tent/Event
Receipt Number:	0	Payment Date:	
Transaction Amount:	30.00	Charge Amount:	30.00
Job ID: Job ID: 2012-10-5143-SE - ME MED Private event 10/23/12			
Additional Comments: 22 Bramhall			

Thank You for your Payment!



6 Commercial Street · Biddeford, Maine 04005
Phone: 207-283-8009 or 800-42-RENTAL · Fax: 207-283-0460
www.partyplusmaine.com

October 9th, 2012

Attn: Gerry Goulet
Maine Medical Center
22 Bramhall Street
Portland, Maine 04102

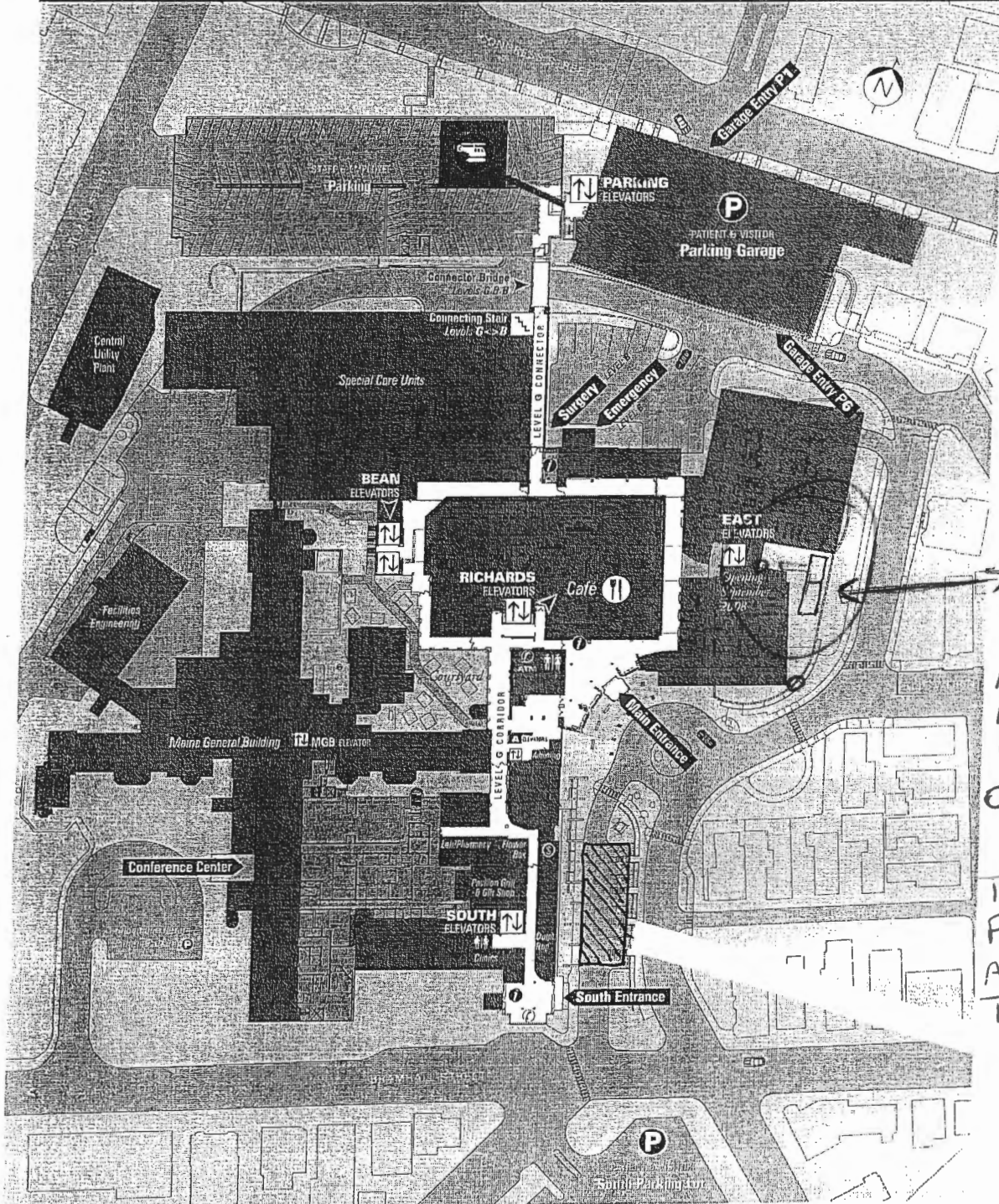
Maine Medical Center has a rental scheduled for delivery on Tuesday morning, October 23, 2012 and pickup date scheduled for Wednesday morning, October 24, 2012.

Party Plus will be installing three tents on the Maine Medical Center property, located at 22 Bramhall St, Portland, Maine on the East Tower Patio. The sizes being installed are a 12x35 Frame Tent, 20x30 Frame Tent, and a 20x40 Frame Tent. Party Plus is responsible for installation and breakdown.

Any questions please contact our office. Store Hours are Monday through Saturday, 8am to 5pm. Thank you.





Sincerely,

Traci Mensch
Manager, Party Plus








TENT LOCATION
 1- 20' x 30'
 1- 20' x 40'
 1- 12' x 35'
 O - EXIT SIGN POSTED
 TENT IS 27' FROM SIDEWALK AND 33' FROM ROAD.

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

ACORD - CERTIFICATE OF LIABILITY INSURANCE

OP ID KL
CSMED01

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 #
INSURER A: Pratorian 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	H841800141-07	09/15/08	09/15/09	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				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
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
		OTHER				E.L. DISEASE - POLICY LIMIT	\$
A		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.

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