

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

PERMIT ISSUED

Permit No: 02-0381 Issue Date: MAY 9 2002 CBL: 112 C001001

Location of Construction: 30 Baxter Blvd	Owner Name: City Of Portland	Owner Address: 389 Congress St PORTLAND	Phone: 874-8300
Business Name:	Contractor Name: Handyman	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone:

Past Use: Baxter Boulevard Green Space	Proposed Use: Baxter Boulevard Green Space	Permit Fee: \$35.00	Cost of Work: \$35.00	CEO District: 2
Proposed Project Description: Erect Temporary 20' x 30' Canopy for Cystic Fibrosis Foundation Family Day		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U-TENT Type: BOCA 1999	

Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	
Signature: <i>[Signature]</i>	Date:

Permit Taken By: gad	Date Applied For: 04/19/2002	Zoning Approval	
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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:	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: 5/8/02
	<i>[Large Handwritten Signature]</i>		

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

* Applicant will be using a canopy, 20' x 30'

02-0381

Tent 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 of Construction: PAYSON PARK, 30-62 Baxter Blvd.		
Date of Tent setup: SAT. MAY 18, 2002	Date of Tent breakdown: SAT. MAY 18, 2002	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 112 C 001	Owner: CITY OF PORTLAND	Telephone: Ted Musgrave 874-8793
Lessee/Buyer's Name (If Applicable) —	Applicant name, address & telephone: CYSTIC FIBROSIS Foundation, 114 Perimeter Rd. Nashua, NH 03063 1-800-757-0203	Fee: \$ 35.00

The following must be included as submissions:

1. Proof of Flam Retardant ✓
2. Letter of approval from property owner, if the City is the owner, please contact Ted Musgrave from the Parks & Recreation @ 874-8793 *all set!*
3. Plot Plan showing the following:
 - i. Property lines **PAYSON PARK**
 - ii. Parking
 - iii. Building locations •
4. Tent location, including dimensions of tent, exits and entrances in tent ✓

Who should we contact when the permit is ready: **Susan Polli's tel 829-3161**

Mailing address: **33 Arcadian LN
Cumberland, ME 04021**

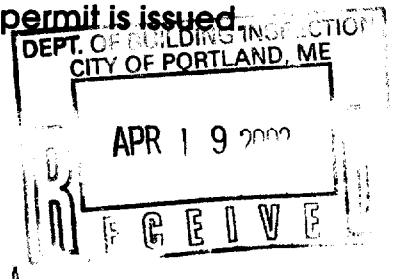
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. **PHONE: 829-3161**

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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.

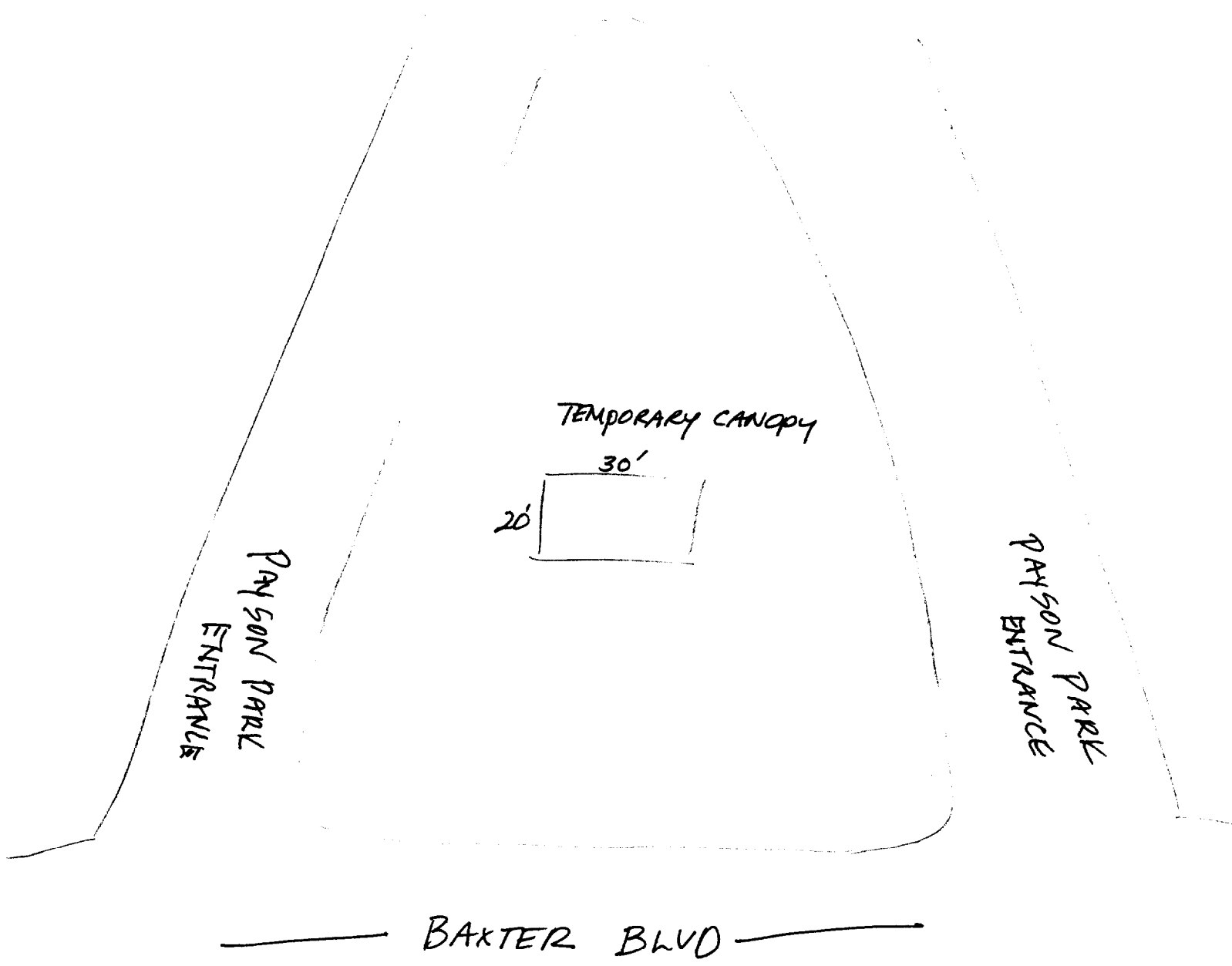
Signature of applicant: Susan R. Pollis	Date: 4-15-02
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This is NOT a permit; you may not commence ANY work until the permit is issued.



RE: GREAT STRIDES CF WALK
MAY 18, 2002

LOCATION: PAYSON PARK;
GRASS TRIANGLE OVERLOOKING BAXTER BLVD
TEMPORARY CANOPY TO BE ERECTED IN THE CENTER
OF THIS TRIANGLE.



Certificate of Flame Resistance

REGISTERED
APPLICATION
NUMBER

F121.4



ISSUED BY



EVANSVILLE, INDIANA 47711

MANUFACTURERS OF THE FINISHED
TENT PRODUCTS DESCRIBED HEREIN

Date of Manufacture
3/12/99

Order Number
215958

This is to certify that the materials described have been flame-retardant treated (or are inherently noninflammable) and were supplied to:

HANDYMAN EQUIPMENT RENTAL
#13616-1
357 RIVERSIDE ST.
PORTLAND ME 04103

Certification is hereby made that:

The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshal Code, equal to exceeds NFPA 701, CPAI 84, ULC 109.

The method of the FR chemical application is:

Serial #:	8115930	(0001)
Description of item certified:	A P CPY TOP 20W X 30 VL B W	

Flame Retardant Process Used Will Not Be Removed By Washing And Is Effective For The Life Of The Fabric

JOHN BOYLE & CO
STATESVILLE, NC

Name of Applicator of Flame Resistant Finish

Signed:

James D. Small

TENT DEPARTMENT - ANCHOR INDUSTRIES INC.

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR KR
CYSTI-1

DATE (MM/DD/YY)
02/04/02

PRODUCER

MF&T Insurance
175 Derby St. Unit 40
Wilmington MA 02043
Phone: 781-740-6300

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.

INSURERS AFFORDING COVERAGE

INSURED

Cystic Fibrosis Foundation
6931 Arlington Road
Bethesda MD 20814

INSURER A: CNA Insurance Co.
INSURER B: American Zurich Insurance Co.
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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	C157198720 INCLUDED	01/01/02	01/01/03	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Broad Form Endt.				PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY	C164080919	01/01/02	01/01/03	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS	OTHER THAN AUTO ONLY: EA ACC \$				
<input checked="" type="checkbox"/> Comp. \$500 Ded.	AGG \$				
<input checked="" type="checkbox"/> Coll. \$500 Ded.	\$				
B	GARAGE LIABILITY	AUC930231500	01/01/02	01/01/03	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> ANY AUTO				AGGREGATE \$ 5,000,000
A	EXCESS LIABILITY	164080922*	01/01/02	01/01/03	WC STATUTORY LIMITS
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				E.L. EACH ACCIDENT \$ 500,000
	<input type="checkbox"/> DEDUCTIBLE				E.L. DISEASE - EA EMPLOYEE \$ 500,000
	<input type="checkbox"/> RETENTION \$				E.L. DISEASE - POLICY LIMIT \$ 500,000
OTHER					

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

The certificate holder is named as Additional Insured, ATIMA, as respects to the location of the fund raising event being held May 18, 2002, "Great Strides". (No. New England Chapter)

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

PORTLME

City of Portland, ME

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

John A. Stuenkel