

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-0375	Issue Date: PERMIT ISSUED APR 28 2005	112 C001001
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Location of Construction: 30 Baxter Blvd	Owner Name: City Of Portland	Owner Address: 389 Congress St	Phone: 8 2005
Business Name:	Contractor Name:	Contractor Address:	Phone: CITY OF PORTLAND
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: ROS

Past Use: Payson Park recreational area	Proposed Use: Recreational area, Tent for the Cystic Fibrosis Event <i>SAT. MAY 21ST</i>	Permit Fee:	Cost of Work: \$30.00	CEO District: 1
Proposed Project Description: Tent for the Cystic Fibrosis Event		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group <input checked="" type="checkbox"/> Type: Tent <i>IBC 2003</i>	

Signature: *[Signature]*

Signature: *[Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: dmartin	Date Applied For: 04/12/2005	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 align="center">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 checked="" type="checkbox"/> MM <input type="checkbox"/> Date: <i>04/12/05</i>	<p align="center">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 align="center">Historic Preservation</p> <input 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

City of Portland, Maine - Building or Use Permit

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

Permit No: 05-0375	Date Applied For: 04/12/2005	CBL: 112 C001001
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Location of Construction: 30 Baxter Blvd	Owner Name: City Of Portland	Owner Address: 389 Congress St	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Tenant/Buyer's Name	Phone:	Permit Type: Tents	

Proposed Use: Recreational area, Tent for the Cystic Fibrosis Event	Proposed Project Description: Tent for the Cystic Fibrosis Event
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 04/12/2005
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 04/27/2005
Note: **Ok to Issue:**

1) This permit DOES NOT authorize any construction activities. The tent must be removed at the end of the event.

Dept: Fire **Status:** Approved **Reviewer:** Deputy Chief Shutts **Approval Date:** 04/21/2005
Note: **Ok to Issue:**

#117

Submit Application to Room 315, Portland City Hall, 389 Congress Street, Portland, ME 04101
207-874-8703; fax 207-874-8716. Please allow 10 Business Days for processing.

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: <u>Rayson Park 30-62 Baxter Blvd</u>			
Date of Tent setup: <u>May 21, 2005</u>		Date of Tent breakdown: <u>May 21, 2005</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>112</u> Block# <u>C</u> Lot# <u>001</u>		Owner: <u>City of Portland</u>	Telephone: <u>Ted Musgrave 874 8793</u>
Lessee/Buyer's Name (If Applicable)		Applicant name, address & telephone: <u>603.598 8191 CFF, 114 Perimeter Rd Units 6+H, NASHUA NH 03063</u>	Fee: \$ 30.00

The following must be included as submissions:

1. Certificate of Flammability
2. Letter of approval from property owner. If the City is the owner, please contact Ted Musgrave at Parks & Recreation @ 874-8793
3. Plot Plans showing the following:
 - i. Property lines
 - ii. Parking
 - iii. Existing Building locations
 - iv. Tent locations, including dimensions of all tents, exits and entrances in tent.
4. If the City is the property owner, Certificate of Insurance listing the City as Additional Insured. Minimum amount of coverage is \$400,000.00

Whom should we contact when the permit is ready: Allison DeSeno

Mailing address: 114 Perimeter Rd, Units 6+H Nashua NH 03063

PHONE: 603 598 8191

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 FINE LEVIED IF ANY WORK STARTS BEFORE THE PERMIT IS PICKED UP.

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:	Rizwan Rahman Director of Administrative Services	Date: <u>4/21/05</u>
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This is NOT a permit: you may not commence ANY work until the permit is issued.

CYSTIC FIBROSIS FOUNDATION
NORTHERN NEW ENGLAND CHAPTER

FACSIMILE TRANSMITTAL SHEET

TO: Portland City Hall	FROM: Allison M. De Sevo
COMPANY: Portland, ME	DATE: 4/25/2005
FAX NUMBER: 207.874.8716	TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER: 207.874.8703	SENDER'S FAX NUMBER: 603.598.8167
RE: Tent Permit Application	SENDER'S PHONE NUMBER: 603.598.8191

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

To Whom It May Concern:

Attached is the Tent Permit Application for the Cystic Fibrosis Foundation event that will be held at Payson Park on May 21. I am mailing the \$30 check for the permit today out of our office, so you should be receiving that shortly. Please do not hesitate to contact me with any questions that you may have regarding our event.

Thank you,

Allison M. De Sevo

114 PERIMETER ROAD, UNITS G & H ♦ NASHUA, NEW HAMPSHIRE 03063

Handwritten signature/initials

City of Portland, 389 Congress St.,
Portland, ME 04101

ATT: Inspection Services

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 21, 2005	Date of Tent breakdown: SAT. MAY 21, 2005	
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: CF FOUNDATION 114 PERIMETER RD. NASHUA, NH 03063 1-800-757-0203	Fee: \$35.00 \$30.

the following must be included as submissions:

1. Proof of Flame Retardant
2. Letter of approval from property owner, if the City is the owner, please contact Ted Musgrave from the Parks & Recreation @ 874-8793
3. Plot Plan showing *the* following:
 - i. Property lines
 - 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 Pelli's Ph: 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**

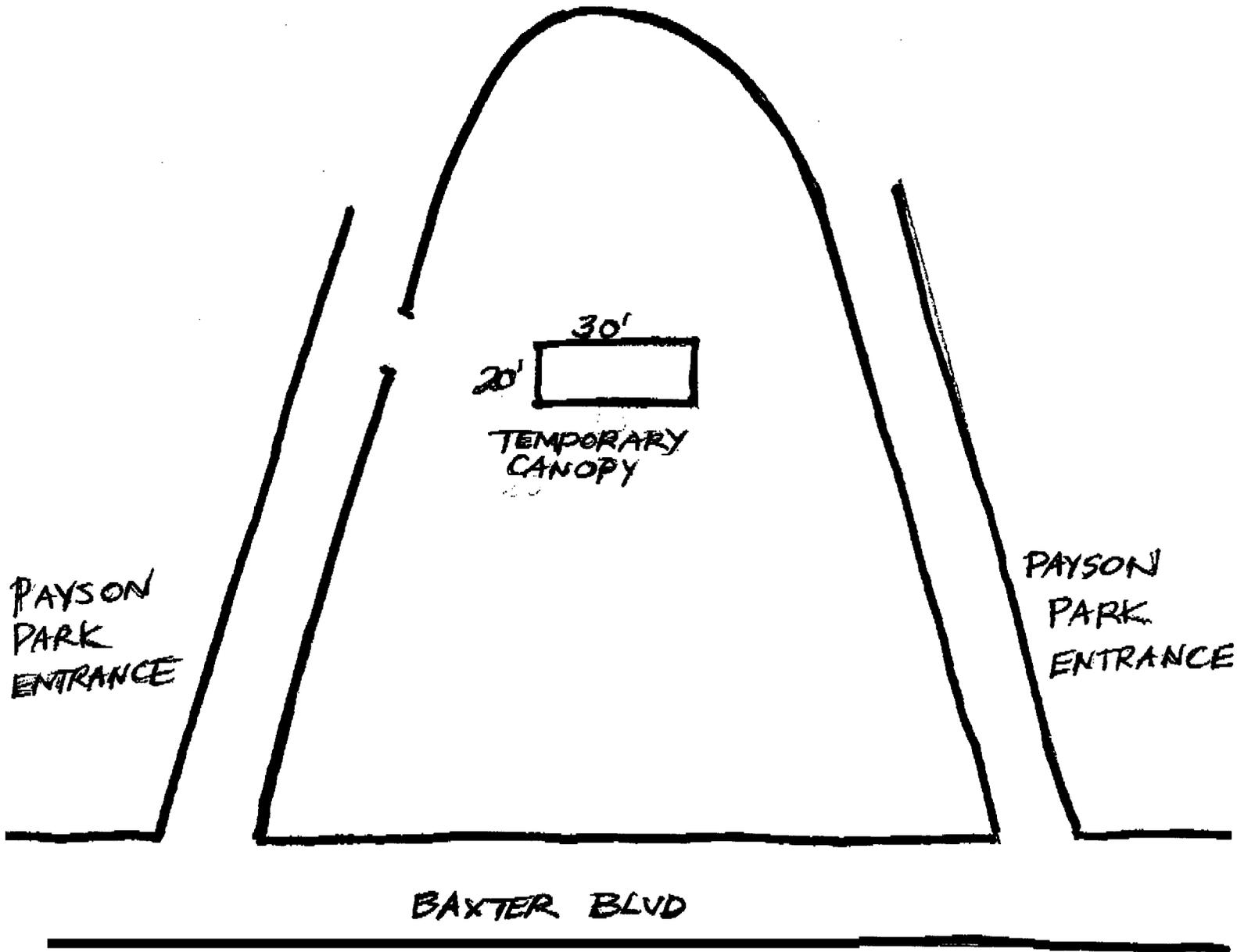
IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 Pelli's	Date: 4-5-05
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This is NOT a permit; you may not commence ANY work until the permit is issued.

RE: CYSTIC FIBROSIS FOUNDATION/
GREAT STRIDES WALK
MAY 21, 2005

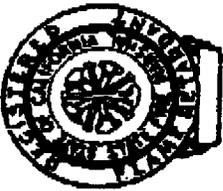


IMPORTANT DOCUMENT

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** (for are inherently nonflammable) 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 ROYLE & CO
STATESVILLE, NC

Name of Applicant of Flame Resistant Finish

Signed:

TENT DEPARTMENT - ANCHOR INDUSTRIES INC.

Page 1 of 3

TO: INSPECTION SERVICES
FROM: SUSAN POLLIS
PH: 829-3161
DATE: APRIL 6, 2005
RE: TENT PERMIT APPLICATION
CYSTIC FIBROSIS GREAT STRIDES WALK- May 21, 2005

Hello! Here is an application to start your tent permit application process. I understand that Ted Musgrave has already issued a site permit for the event, which will be held at Payson Park.

A check to cover the tent permit fee should be reaching your offices in the next few weeks.

We will be arranging overflow parking with Ted closer to the event.

If there are any questions, please don't hesitate to call.

Thank you so much!

CYSTIC FIBROSIS FOUNDATION
NORTHERN NEW ENGLAND CHAPTER

FACSIMILE TRANSMITTAL SHEET

TO: Portland City Hall – Room 315	FROM: Allison De Sevo
COMPANY: City of Portland	DATE: 4/28/2005
FAX NUMBER: 207-874-8716	TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER: 207-874-8703	SENDER'S FAX NUMBER: 603.598.8167
RE: Certificate of Insurance	SENDER'S PHONE NUMBER: 603.598.8191

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

To Whom It May Concern:

Attached is the certificate of insurance for the City of Portland for May 21, 2005 for the Cystic Fibrosis Foundation's walk-a-thon. Please let me know if you have any questions.

Thank you,

114 PERIMETER ROAD, UNITS G & H ♦ NASHUA, NEW HAMPSHIRE 03063

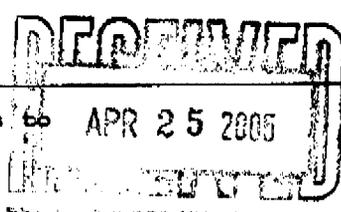
PRODUCER MacIntyre Fay & Thayer Ins Agy 77 Accord Park Drive Unit B-1 Norwell MA 02061 Phone: 781-261-2000 Fax: 781-261-2099		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: CNA Insurance Co.	
		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 UNDER 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.

INSURER ADD'L LTR INSURER	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"/> PROJECT <input type="checkbox"/> LOC	C1057198720	01/01/05	01/01/06	EACH OCCURRENCE \$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000
					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
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	C164080919	01/01/05	01/01/06	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	EXCESS LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
B	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	AUC930231503	01/01/05	01/01/06	EACH OCCURRENCE \$ 5,000,000
					AGGREGATE \$ 5,000,000
					\$
					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC164080922 ADD'L INS. DOES NOT APPLY	01/01/05	01/01/06	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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 21, 2005, "Great Strides". (Northern New England Chapter)



CERTIFICATE HOLDER City of Portland 17 Arbor St. Portland ME 04103	CANCELLATION 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: <i>Ronald M. Chaves</i>
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