

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that MAINE MEDICAL

Located At 335 BRIGHTON AVE

Job ID: 2011-12-2843-SE

CBL: 121- C-009-B01

has permission to Tent event NERHP Set up 12 /6 to 12/8

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](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.



# PORTLAND MAINE

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

Director of Planning and Urban Development  
Penny St. Louis

Job ID: 2011-12-2843-SE

Located At: 335 BRIGHTON AVE CBL: 121- C-009-B01

## **Conditions of Approval:**

### **Fire**

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.

Spoke with Jaye Sewall on 12/5/11 and the following are included as conditions of approval.

The tent will remain 30' x 45' however the orientation will be perpendicular to the Café.

The canopy between the café will be 10' and open on both sides allowing egress from the tent or the café without passing through each other.

A second remote exit shall be provided on the corner away from the café and towards Brighton Ave. A 48" main corridor and exit openings shall be provided continuous between the café and second exit. A continuous 3' perimeter shall be provided between the tent wall and seating.

EXIT signs are required. E-lights shall be provided if occupied after dark. A manned stand-by generator shall be sufficient to meet the e-lighting requirement.

# City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-12-2843-SE	Date Applied: 12/1/2011	CBL: 121- C-009-B01	
Location of Construction: 335 BRIGHTON AVE	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL, PORTLAND, ME 04102	Phone:
Business Name: New England Rehabilitation Hospital (NERHP)	Contractor Name: A Plus Party Rental – Jaye Sewall (NERHP)	Contractor Address: Scarborough, ME	Phone: 662-8082
Lessee/Buyer's Name:	Phone:	Permit Type: TENTS	Zone: R-3
Past Use: Hospital	Proposed Use: Same: Hospital – to erect 30' x 45' tent with stage from December 6, 2011 with take down on December 8, 2011 for 25th anniversary celebration	Cost of Work:	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/ conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: Type: IBG 09
Proposed Project Description: Tent event NERHP Set up 12 /6 to 12/8		Signature: <i>[Signature]</i> (SE) Signature: <i>[Signature]</i>	
Permit Taken By: Lannie		Pedestrian Activities District (P.A.D.)	

<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>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan  <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>[Signature]</i> 12/1/11	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in Dist 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: <i>[Signature]</i>
	<b>CERTIFICATION</b>		

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



# Tent/Canopy or Temporary Event Staging Permit Application

R-3

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: <u>335 BRIGHTON AVENUE</u> <u>PORTLAND, MAINE 04102</u>		
Date of Set up/Event <u>8:00 a.m. December 6, 2011</u>	Date of Breakdown/ End of Event <u>8:00 a.m. December 8, 2011</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>121</u> Block# <u>C</u> Lot# <u>9</u>	Property Owner: <u>MAINE Medical Center</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>New England Rehabilitation Hospital (NERHP)</u>	Applicant name, address & telephone: <u>JAYE SEWALL, Marketing</u> <u>NERHP</u> <u>335 Brighton Ave</u> <u>Portland, ME 04102 (207)662-8082</u>	Fee: <u>\$30.00</u>
<p>The permit fee and the following items must be completed and submitted along with this application in order to receive a permit:</p> <p><u>30' x 45' x 25' Anniversary celebration</u></p> <ul style="list-style-type: none"> <li>✓ 1. Certificate of Flammability - <u>attached</u></li> <li>✓ 2. Letter of approval from property owner. - <u>attached</u> If the City is owner, attach a completed copy of Application to Use City Parks &amp; Public Space from Parks &amp; Recreation (756-8275).</li> <li>✓ 3. Company name of installer (contact info). <u>attached</u></li> <li>✓ 4. Plot Plan showing the following: <u>attached</u> 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 &amp; Recreation for maps of Portland's Parks @ 756-8275).</li> <li>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 <u>N/A</u></li> </ul> <p>Who should we contact when permit is ready: <u>JAYE SEWALL</u> Address: <u>ABOVE</u> Telephone: <u>207-662-8082</u></p>		
<p>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.</p>		

RECEIVED  
DEC - 1 2011  
Building Inspections  
City of Portland, Maine

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>Jaye Sewall</u>	Date: <u>11/29/2011</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

\$30.00 fee



New England  
Rehabilitation  
Hospital of Portland

A joint venture of Maine Medical Center  
and HEALTHSOUTH

35 Bridge Avenue  
Portland, ME 04112  
(207) 775-4000  
www.neh.org

## MEMORANDUM

**TO:** Planning and Development Department/City of Portland  
**FROM:** Jaye Sewall, Marketing Coordinator  
**DATE:** November 29, 2011  
**SUBJECT:** Staging Permit Application

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### Application requirements:

1. Certificate of Flammability—attached
2. Letter of approval from property owner—attached
3. Company/contact information of Installer:  

A+ Party Rental  
10 Washington Avenue  
Scarborough, ME 04074  
ATTN: Mark/Owner 207-883-4472
4. Plot plan—attached
5. Certificate of Insurance if City property owner—N/A

**Jaye Sewall, Marketing Coordinator**  
**Phone:** (207)662-8082  
**Fax:** (207)662-8080  
**Email:** [jaye.sewall@healthsouth.com](mailto:jaye.sewall@healthsouth.com)



Maine Medical Center  
MaineHealth

November 29, 2011

Planning and Development Department  
Building Inspections Office  
315 City Hall  
Portland, ME 04101

Re: Tent Permit Request

To Whom It May Concern:

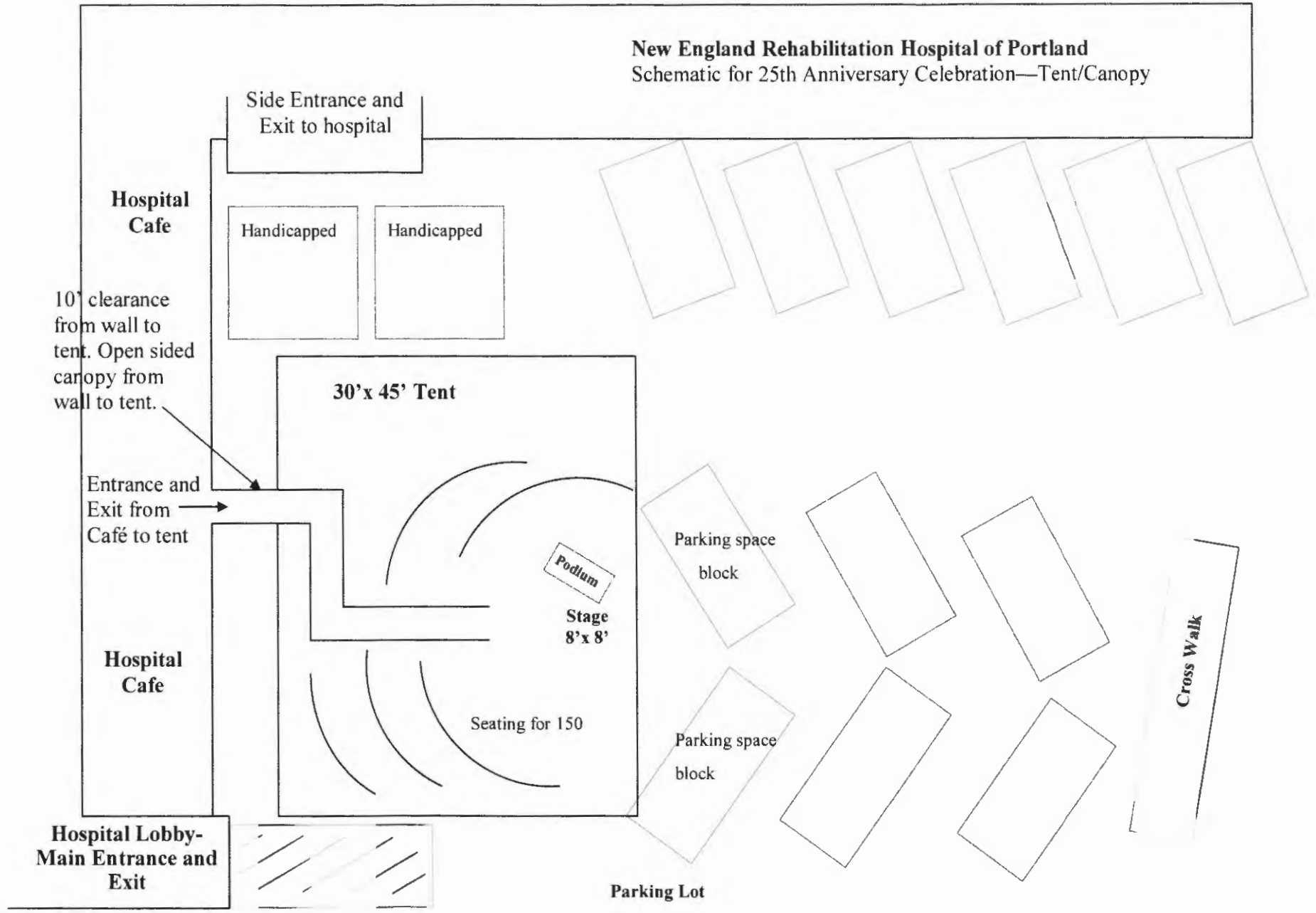
As property owner of 335 Brighton Avenue, Portland, Maine, this letter is being written to grant approval to New England Rehabilitation Hospital of Portland to erect a tent and canopy, as specified on attached schematic, to be assembled on Tuesday morning, December 6, 2011 and disassembled on Thursday morning, December 8, 2011.

Sincerely,

Michael J. Ryan

Vice President Operations

**New England Rehabilitation Hospital of Portland**  
Schematic for 25th Anniversary Celebration—Tent/Canopy





# Certificate of Flame Resistance

REGISTERED  
FABRIC  
NUMBER

F-140.01

ISSUED BY  
JOHNSON OUTDOORS INC.  
BINGHAMTON, NEW YORK 13902  
*Manufacturers of the Finest  
Tent Products Described Herein*

Date of Manufacture

Dec. 1997

This is to certify that the products herein have been manufactured from material inherently flame retardant as here after specified by the material supplier.

NAME: A PLUS PARTY RENTAL

CITY: SCARBOROUGH

STATE: ME

**Certification is hereby made that:**

The articles described on this certificate have been manufactured with an approved flame retardant chemical in compliance with California State Fire Marshal Code, NFPA-701\*, Underwriters Laboratory of Canada, and have been tested in accordance with the Federal Test Method Specifications and meet or exceed the Military Flame Specifications of MIL-C-43006G.

Type, color and weight of material: 15oz Vinyl White Blockout

Description of item certified: 30x30 2pc EUREKA FRAME SYSTEM

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

**Snyder Manufacturing, Inc.**

Manufacturer of Flame Retardant Vinyl Laminates



TENT DEPARTMENT, JOHNSON OUTDOORS INC.

\*Large Scale

# Certificate of Flame Resistance

REGISTERED  
FABRIC  
NUMBER

F-140.01

ISSUED BY  
JOHNSON OUTDOORS INC.  
BINGHAMTON, NEW YORK 13902  
*Manufacturers of the Finest  
Tent Products Described Herein*

Date of Manufacture

2005

This is to certify that the products herein have been manufactured from material inherently flame retardant of here after specified by the material supplier.

NAME: A PLUS PARTY RENTAL

CITY: SCARBOROUGH STATE: ME

Certification is hereby made that:

The articles described on this certificate have been manufactured with an approved flame retardant chemical in compliance with California State Fire Marshal Code, NFPA-701, Underwriters Laboratory of Canada, and have been tested in accordance with the Federal Test Method Specifications and meet or exceed the Military Flame Specifications of MIL-C-43005G.

Type, color and weight of material: 15oz Vinyl White Blockout

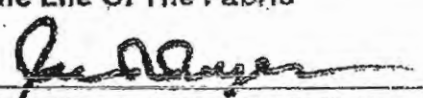
Description of item certified:

EUREKA FRAME SYSTEM

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

Snyder Manufacturing, Inc.

Manufacturer of Flame Retardant Vinyl Laminates

  
TENT DEPARTMENT, JOHNSON OUTDOORS INC.

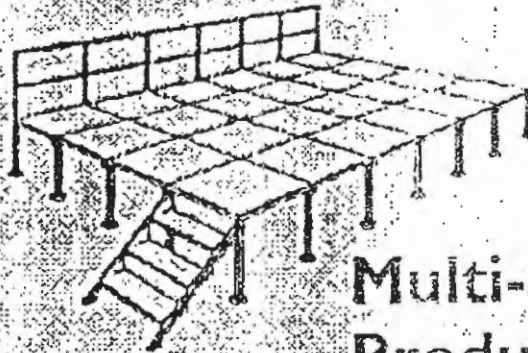


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Fax: (419) 445-0367. [www.biljax.com](http://www.biljax.com)



**Multi-Stage  
Products**

*Fennell, Joe*  
*24x20 Stage*

Sizes available for the Multi-Stage decks include the popular 4' square section, a 2' x 4' section and a 45° corner section. Standard decks include a 3/4" AC exterior plywood stained in gray enclosed in a steel frame edge protector. Other deck options are available.



4' Deck Section

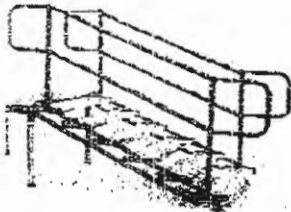
**CAPACITY 150 PSF  
(732kg per sq. meter)**



Standard on all decks is the original cam lock feature which firmly fastens stage sections together from the top of the stage platform. Cam lock holes are neatly plugged with a cap to fill the surface.

## OPTIONS

Stage adjustable stair packages come complete with stair step stringers, stair stringer extensions, handrails and aluminum stair planks. These stair packages offer easy access to the stage platform area and can be sized to fit various stage heights within the package range.



The new Ultra-Stair decreases set up time and labor. Multiple units are available for platform heights from 24". The units, with detachable handrails, fold flat for storage and ease in shipment.

**Package Sizes Available:**  
12"-18" Stage Ht. Pkg.  
2'-3' Stage Ht. Pkg.  
3'-4' Stage Ht. Pkg.  
4'-6' Stage Ht. Pkg.

