

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

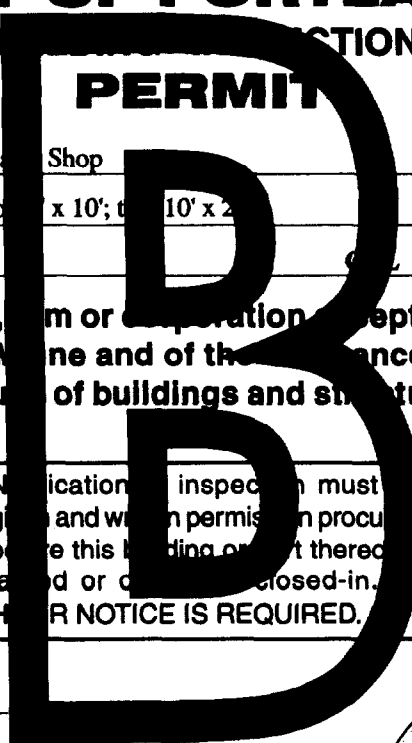
Please Read Application And Notes, If Any, Attached

## PERMIT

Permit Number: 030488

This is to certify that City Of Portland/One Stop Permit Shop  
has permission to 4 tents on May 18, 2003: two 10' x 10'; two 10' x 20'  
AT 656 Baxter Blvd (Payson Park) Call 158 A024001

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 buildings and structures, and of the application on file in this department.



Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is loaded or occupied. CLOSED-IN. HEAVY NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

**OTHER REQUIRED APPROVALS**

Fire Dept. [Signature]  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

[Signature] 5/16/03  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

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

Permit No: 03-0488	Issue Date:	CBL: 158 A024001
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Location of Construction: 656 Baxter Blvd (Payson Park)	Owner Name: City Of Portland	Owner Address: 389 Congress St	Phone: 879-5700
Business Name:	Contractor Name: One Stop Party Shop	Contractor Address: 262 Main Street South Portland	Phone: 2077675966
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: ROS

Past Use: ROS: Payson Park	Proposed Use: ROS: Payson Park with 4 tents on May 18, 2003: two 10' x 10'; two 10' x 20'	Permit Fee: \$35.00	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: 4 tents on May 18, 2003: two 10' x 10'; two 10' x 20'		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>TENTS</i> Type: <i>TENTS</i>	
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

Permit Taken By: kwd	Date Applied For: 05/09/2003	<b>Zoning Approval</b>		
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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"/>	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	Historic Preservation <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: <i>5/16/03</i>	Date: _____	Date: _____

**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

Karen  
Dun Fee  
874-8701

03-0488

# 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>Payson Park Back Cove</u>		
Date of Tent setup: <u>Sunday, May 18, 2003</u>	Date of Tent breakdown: <u>Sunday, May 18, 2003</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>158</u> Block# <u>A</u> Lot# <u>024</u>	Owner: <u>American Heart Assoc.</u>	Telephone: <u>879-5700</u>
Lessee/Buyer's Name (if Applicable)	Applicant name, address & telephone: <u>Stephanie Lahme American Heart Assoc. 343 Gorham Rd</u>	Fee: \$ <u>35.00</u>
<p><b>The following must be included as submissions:</b> <u>South Portland, ME 04106</u></p> <ol style="list-style-type: none"> <li>1. Certificate of Flammability</li> <li>2. Letter of approval from property owner. If the City is the owner, please contact Ted Musgrave from the Parks &amp; Recreation @ 874-8793</li> <li>3. Plot Plan showing the following: <ul style="list-style-type: none"> <li>i. Property lines</li> <li>ii. Parking</li> <li>iii. Building locations <u>2 10x20's, 2 10x10</u></li> </ul> </li> <li>4. Tent location, including dimensions of tent, exits and entrances in tent.</li> <li>5. If the City is the property owner, Certificate of Insurance listing the City as additional insured. Minimum amount of coverage is \$400,00.00</li> </ol> <p style="text-align: right;"><u>One Stop Party Shop</u></p>		
Whom should we contact when the permit is ready: <u>Stephanie Lahme #879-5700</u> Mailing address: <u>343 Gorham Road</u> <u>South Portland, Maine 04106</u> PHONE: <u>879-5700</u>		
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: <u>Stephanie Lahme</u>	Date: <u>4/18/03</u>
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**This is NOT a permit; you may not commence ANY work until the permit is issued.**

rec'd 5/9/03  
waiting for cert. of flame

CERTIFICATE NUMBER  
HOU-000319274-00

PRODUCER  
Donna Amwine (214) 765-8425  
Marsh USA Inc.  
1601 Elm Street  
Suite 2100  
Dallas, TX 75201

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

- COMPANY  
A ZURICH AMERICAN INSURANCE COMPANY
- COMPANY  
B AMERICAN GUAR & LIAB
- COMPANY  
C
- COMPANY  
D

0207-ALL-02/03  
INSURED  
American Heart Association, Inc.

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	GLO-8376157-07	07/01/02	07/01/03	GENERAL AGGREGATE	\$ 2,000,000
				PRODUCTS - COM/OP AGG	\$ 2,000,000
				PERSONAL & ADV INJURY	\$ 2,000,000
				EACH OCCURRENCE	\$ 2,000,000
				FIRE DAMAGE (Any one fire)	\$ 1,000,000
				MED EXP (Any one person)	\$ 5,000
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> RENTED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BAP-8376159-07 (OS)	07/01/02	07/01/03	COMBINED SINGLE LIMIT	\$ 2,000,000
				BODILY INJURY (Per person)	\$
				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE	\$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
				OTHER THAN AUTO ONLY:	
				EACH ACCIDENT	\$
				AGGREGATE	\$
<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	AUC-9300308-01	07/01/02	07/01/03	EACH OCCURRENCE	\$ 10,000,000
				AGGREGATE	\$ 10,000,000
					\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	WC-8376109-07	07/01/02	07/01/03	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
				EL EACH ACCIDENT	\$ 1,000,000
				EL DISEASE-POLICY LIMIT	\$ 1,000,000
				EL DISEASE-EACH EMPLOYEE	\$ 1,000,000
OTHER					

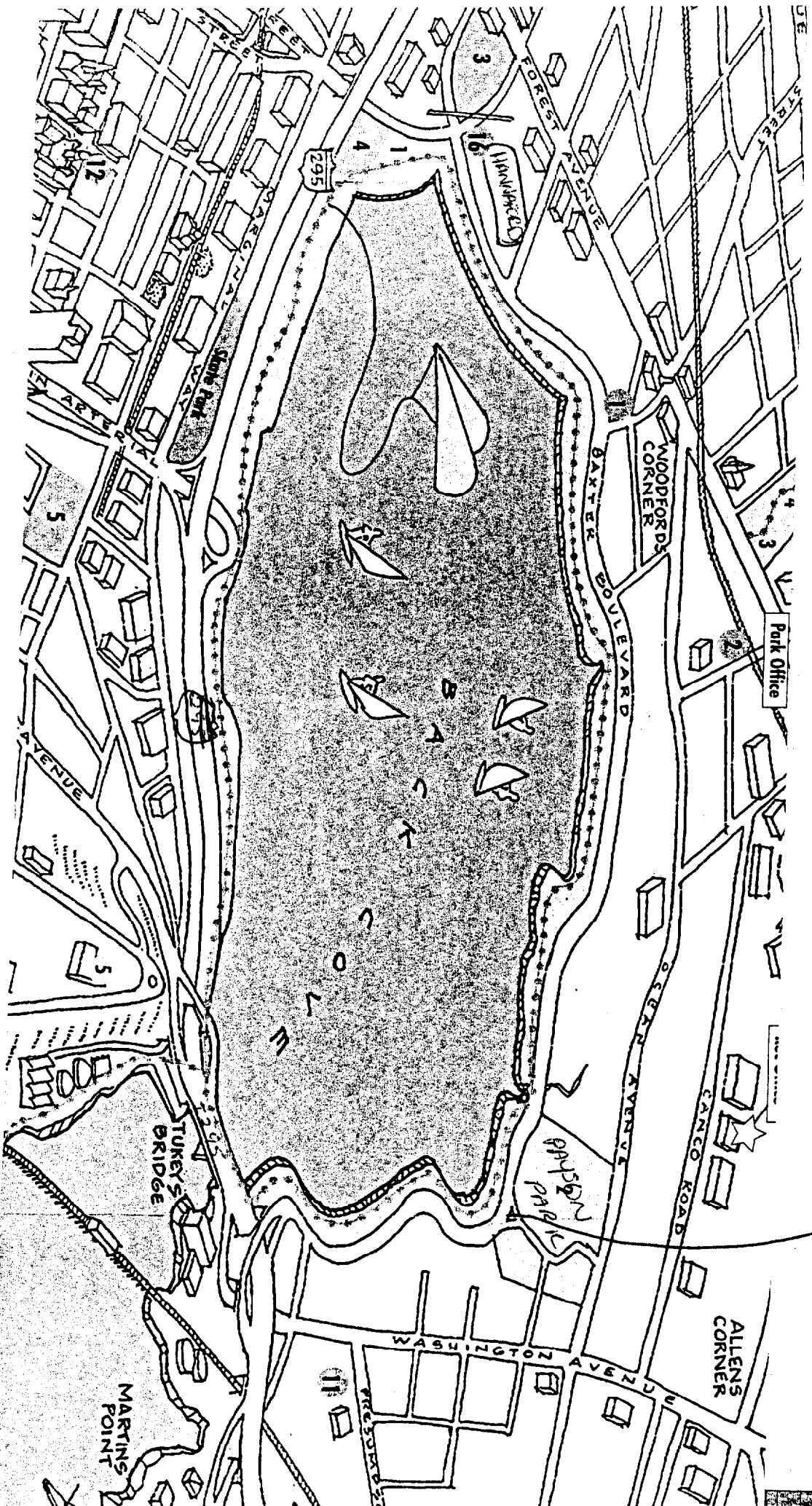
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)  
 DATE AND DATE OF EVENT: American Heart Walk-Portland - May 18, 2003  
 Certificate Holder is an Additional Insured, except Workers' Compensation and Host Liquor Liability, as owner of premises leased or gratuitously offered for American Heart Association, Inc. off premises events, but only as respects to operations of the American Heart Association, Inc.

City of Portland  
17. Arbor Street  
Portland, ME 04103

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES.

MARSH USA INC.  
BY: Sally H Dillenback *Sally H. Dillenback*

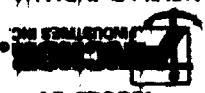
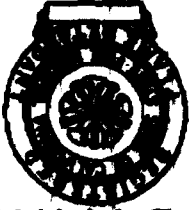
2002 PORTLAND AMERICAN HEART WALK  
ROUTE MAP



START  
FINISH  
Tent set-up

# Certificate of Flame Resistance

REGISTERED APPLICATION NUMBER  
R121A



EVANSVILLE, INDIANA 47711

MANUFACTURERS OF THE FINISHED TENT PRODUCTS DESCRIBED HEREIN

Date of Manufacture 02/01/00  
Order Number 31614

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

HANDYMAN EQUIPMENT RENTAL #136  
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 #: 8115600 (1)  
Description of Item Certified: A P CPV TOP 20W X 20 VL W W

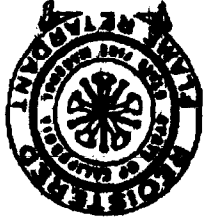
## Flame Retardant Process Used Will Not Be Removed By Washing And is Effective For The Life Of The Fabric

JOHN BOYLE STATESVILLE NC  
Name of Applicant or Flame Resistant Firm

Signed: *James D. Brumser*  
TENT DEPARTMENT - ANCHOR INDUSTRIES INC.

IMPORTANT DOCUMENT

# Certificate of Flame Resistance



REGISTERED  
FABRIC  
NUMBER

F83501

Issued by

TOPTEC, INC.  
1905 N.E. Main Street  
Simpsonville, SC 29681

Date Manufactured

4/27/00

This is to certify that the materials described  
are inherently flame retardant.

Name ONE STOP PARTY SHOP

Address 262 MAIN ST

City S PORTLAND

State ME

Zip 04106

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 NFPA701-96, CPA184, UL C109, MVSS302.

Method of Application:

Description of item certified: CARNIVAL 10x10 WHITE

The Flame Retardant Process Used WILL NOT Be Removed By Washing.

TOPTEC, INC.

Name of Production Superintendent

SERIAL # 202894B

MODEL TTC101000