

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

Permit No: 03-1140	Issue Date:	CBL: 158 A024001
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Location of Construction: 656 Baxter Blvd	Owner Name: City Of Portland	Owner Address: 389 Congress St	Phone:
Business Name: n/a	Contractor Name: Mikes Tent	Contractor Address: Farmington	Phone:
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Tents	Zone: ROS

Past Use: Payson Park	Proposed Use: Payson Park / Erect one 20' x 30' Tent, Set-up on 09/20/03 and breakdown 09/20/03.	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: Erect one 20' x 30' tent, set-up on 09/20/03 and breakdown 09/20/03.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: TENT Type: NA 9/19/03	
		Signature:	Signature: <i>[Signature]</i>	

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: gg	Date Applied For: 09/17/2003	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"/>	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>[Signature]</i> 9/19/03	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 _____

PERMIT ISSUED

SEP 10 2003

CITY OF PORTLAND

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 031140

Please Read
Application And
Notes, If Any,
Attached

This is to certify that City Of Portland/Mikes Tent
has permission to Erect one 20' x 30' tent, set-up on 09/20 and be down 09/30/03.
AT 656 Baxter Blvd 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 work on permit in progress before this building or part thereof is occupied or closed-in.
48 HOUR 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. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

W. D. [Signature] 9/10/03
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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.

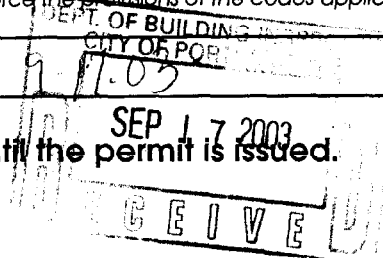
Location/Address of Construction: <u>RAYSON PARK PORTLAND, ME</u>		
Date of Tent setup: <u>9-20-03</u>	Date of Tent breakdown: <u>9-20-03</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>156</u> Block# <u>A</u> Lot# <u>024</u>	Owner: <u>Mike's Tent</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	Fee: \$ <u>37.00</u>
<p>The following must be included as submissions: <u>Tent Dimensions: 20 x 30</u></p> <ol style="list-style-type: none"> 1. Certificate of Flammability 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: <ol style="list-style-type: none"> i. Property lines ii. Parking iii. Building locations 4. Tent location, including dimensions of tent, exits and entrances in tent. 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 		
Whom should we contact when the permit is ready: <u>Stephanie L. Morin</u> Mailing address: PHONE: <u>207 228 2456</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 L. Seavel</u>	Date: <u>9-17-03</u>
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This is NOT a permit; you may not commence ANY work until the permit is issued.



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

June 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.

Mike's Tent

NAME: _____

CITY: Farmington 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: 14 oz Vinyl Red/White

Description of item certified: 20 x 30 Traditional Tent

**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

ULCERN AVENUE

CHEVERUS HIGH SADDL

PARKING

ULCERN

7 tables
TENT
REGISTRATION

FOOD TRIBLET
3 tables

1 table
FACE
PAINTING

MASCOT DRUM POPE

PAYSON PARK

VOLUNTEER PARKING

ROAD CLOSED

STAGE

SOUND
WMGX VAN

POWER BOX

CLOSED

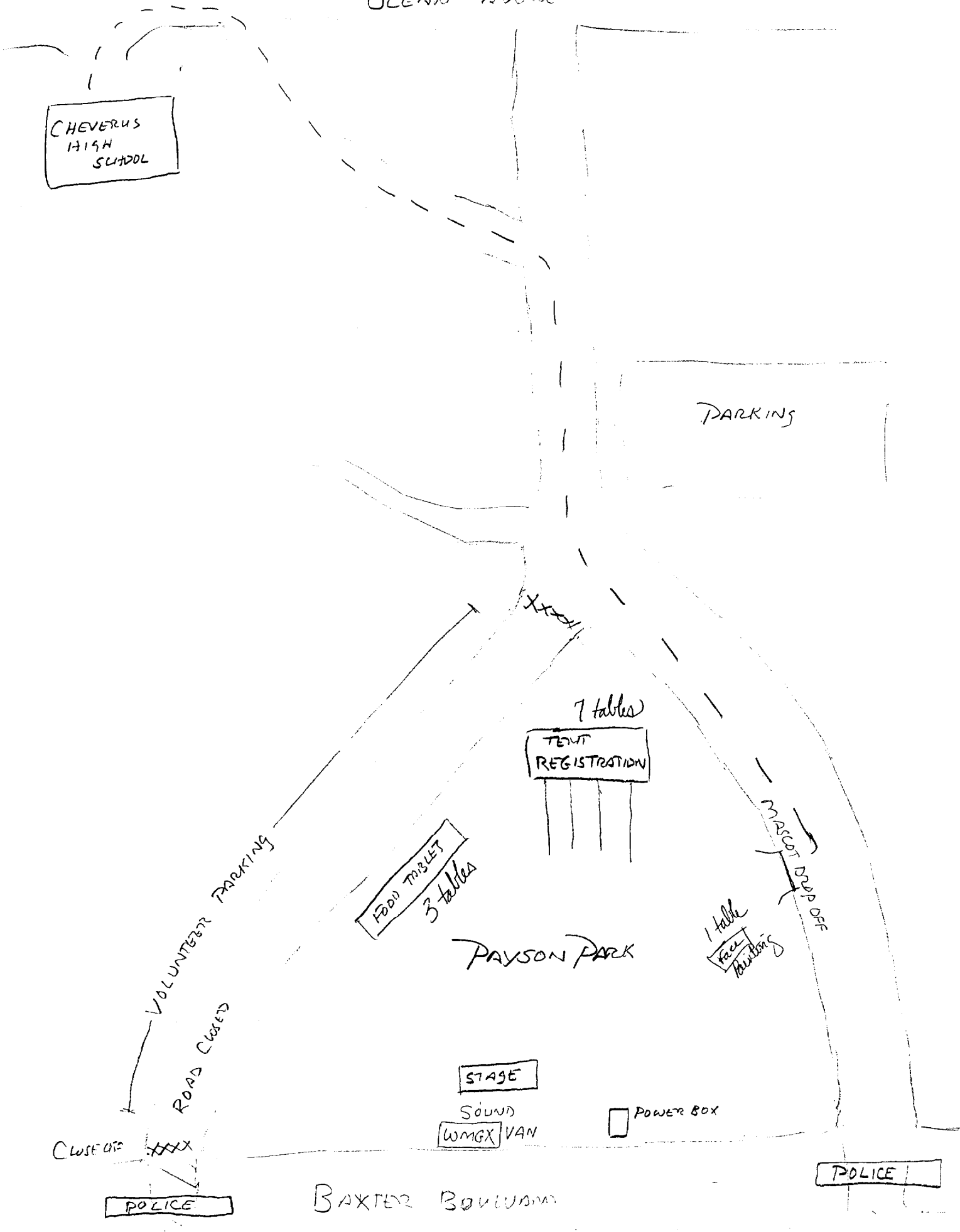
POLICE

POLICE

BAXTER BOULEVARD

WALK BEGINS

WALK PATH



MEDICAL MUTUAL INS. CO. OF MAINE
ONE CITY CENTER, PO BOX 15275
PORTLAND, ME 04112-5275

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
MAINEHEALTH
486 CONGRESS STREET, SUITE 600
PORTLAND, ME 04101-3537

INSURERS AFFORDING COVERAGE

INSURER A: MEDICAL MUTUAL INS. CO. OF MAINE
INSURER B:
INSURER C:
INSURER D:
INSURER E:

NAIC#

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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE	APPL. AGRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		<input checked="" type="checkbox"/> 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"/> PRO. JECT <input type="checkbox"/> LOC	CHL 1017C-04	10/01/02	10/01/03	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS
CITY OF PORTLAND IS AN ADDITIONAL INSURED SOLELY WITH RESPECT TO THE 'MAINE CHILDREN'S CANCER PROGRAM ANNUAL WALK' FUNDRAISER TO BE HELD AT PAYSON PARK ON SEPTEMBER 20, 2003.

CERTIFICATE HOLDER

CITY OF PORTLAND
OFFICE OF CORPORATE COUNSEL
89 CONGRESS STREET
PORTLAND, ME 04101

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.

REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

Patricia A. [Signature] PRESIDENT