

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

PERMIT ISSUED

Permit Number: OCT 01 9 32 2005

CITY OF PORTLAND

Use Read  
cation And  
s, If Any,  
tached

to certify that CITY OF PORTLAND

mission to Set up tent for Maine Children Cancer Center set up 09/15/2005 Break Down 09/17/2005

16 BAXTER BLVD 158 A024001

ided that the person or persons firm or corporation accepting this permit shall comply with all  
e provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating  
onstruction, maintenance and use of buildings and structures, and of the application on file in  
department.

ly to Public Works for street line  
grade if nature of work requires  
h information.

Modification of inspection must be  
given and when permit on proce  
before this building or part thereof  
is occupied or otherwise closed-in  
4  
YOUR NOTICE REQUIRED.

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

OTHER REQUIRED APPROVALS

Dept. Greg Case PFD 9-1-05

Dept.

Board

*Handwritten signature* 09/16/05  
Director - Building & Inspection Services

Department Name

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: 05-1332	Issue Date: <b>PERMIT ISSUED</b> OCT 19 2005	GBL: 158 A024001
-----------------------	--	---------------------

Location of Construction: 656 BAXTER BLVD	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Phone:
Business Name: Maine Med	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name Maine Children's Cancer Program	Phone: 2072403737	Permit Type: Tents	Zone: R03

Past Use: Payson Park	Proposed Use: Payson Park/ Set up tent for Maine Children's Cancer Program/ Set up 09/17/2005 Break Down 09/17/2005	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 4
--------------------------	--	------------------------	--------------------------	--------------------

FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied w/ conditions	INSPECTION: Use Group: U Type: NA 9/16/05
--	---

Proposed Project Description: Set up tent for Maine Children's Cancer Program/ Set up 09/17/2005 Break Down 09/17/2005	Signature: <i>Carol L...</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: Idobson	Date Applied For: 09/12/2005	<b>Zoning Approval</b>	
-----------------------------	---------------------------------	------------------------	--

<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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: <i>9/14/05</i>	<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 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:
---	--	---	---

**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 \_\_\_\_\_

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</u>		
Date of Tent setup: <u>9/17/05</u>	Date of Tent breakdown: <u>9/17/05</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>158</u> Block# <u>A</u> Lot# <u>24</u>	Owner: <u>Tents for Rent</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>MAINE Children's Cancer Program</u>	Applicant name, address & telephone: <u>STEPHANIE L. MORIN</u> <u>MAINE CHILDREN'S CANCER PROGRAM</u> <u>100 US ROUTE ONE</u> <u>SCARBOROUGH, ME 04074</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 Plan 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: STEPHANIE L. MORIN  
 Mailing address: 264 Beech Hill Rd.  
ANDOVER, ME 04210  
 PHONE: 207-240-3737

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. Morin</u>	Date: <u>9/9/05</u>
---	---------------------

**This is NOT a permit; you may not commence ANY work until the permit is issued.**

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
08/30/2005

**PRODUCER**  
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  
465 CONGRESS STREET, SUITE 600  
PORTLAND, ME 04101-3537

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: MEDICAL MUTUAL INS. CO. OF MAINE	
INSURER B:	
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 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.

INSR LTR	ADD'L NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <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	ME CHL 000363	10/01/2004	10/01/2005	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
		<b>AUTOMOBILE LIABILITY</b> <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				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 ENDORSEMENT/SPECIAL PROVISIONS  
CITY OF PORTLAND IS AN ADDITIONAL INSURED SOLELY WITH RESPECT TO THE BARBARA BUSH CHILDREN'S HOSPITAL "MAINE CHILDREN'S CANCER PROGRAM 2006 WALK" FUNDRAISER TO BE HELD AT PAYSON PARK ON SEPTEMBER 17, 2005.

### 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.

AUTHORIZED REPRESENTATIVE  
*Thomas A. Sullivan*, PRESIDENT

# 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.

NAME: Tents For Rent

CITY: New SHARDY

STATE: MAINE 04955

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

White

Description of item certified:

40 x 40


2 pc.

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

ULLEN AVENUE

CHEVERUS  
HIGH  
SCHOOL

PARKING

7 tables  
TENT  
REGISTRATION

FOOD TABLET  
3 tables

1 table  
face  
buttons

MASCOT DROP OFF

PAYSON PARK

STAGE

SOUND  
WMGX VAN

POWER BOX

CLOSE UP

POLICE

POLICE

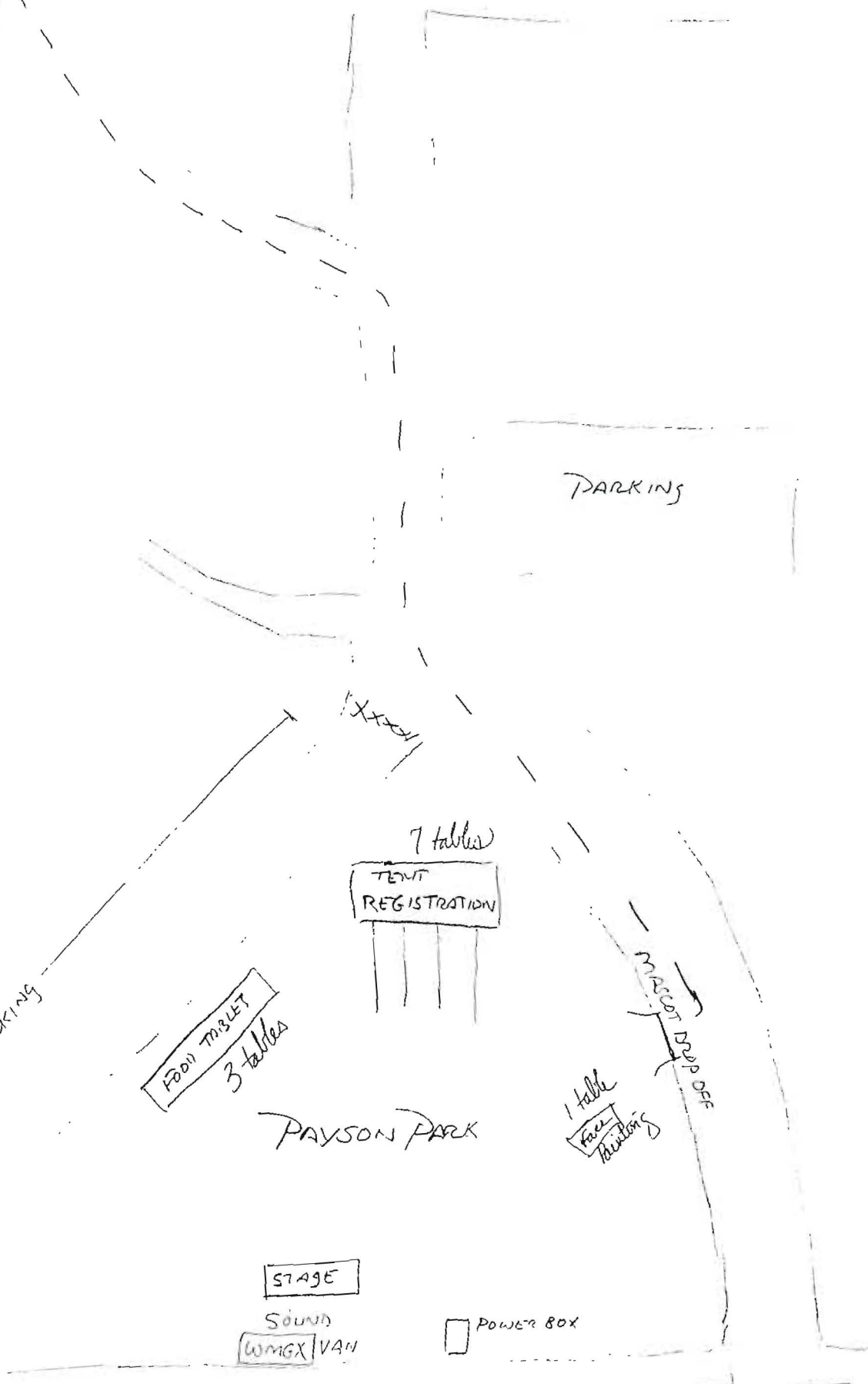
BAXTER BOULEVARD

← WALK BEGINS

WALK PATH

VOLUNTEER PARKING  
ROAD CLOSED

XXXX





# CITY OF PORTLAND, MAINE

## Department of Building Inspections

9.12 20 05

Received from

145 Med

Location of Work

Payson Park

Cost of Construction

\$ \_\_\_\_\_

Permit Fee

\$ 30<sup>00</sup>/100

Building (IL)  Plumbing (I5)  Electrical (I2)  Site Plan (U2)

Other

Tent

CBL:

158 A24

Check #:

1551772

Total Collected \$

30<sup>00</sup>/100

## THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy