

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, if Any,
Attached

INSPECTION
PERMIT

Permit Number: 061363

PERMIT ISSUED

SEP 15 2006

This is to certify that CITY OF PORTLAND /n/a

has permission to Tent for the Juvenile Diabetes event, tent, forming down same

AT 656 BAXTER BLVD

158 A024001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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 proceeds before this building or part thereof is occupied or closed-in. 4 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. _____

Animal Board _____

Other _____

Department Name

Heemie Bouke 9/15/06

PENALTY FOR REMOVING THIS CARD

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

Permit 06-1363	Issue Date:	CBL: 158 A024001
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656 BAXTER BLVD	CITY OF PORTLAND	389 CONGRESS ST	
Business Name:	Contractor Name: n/a	Contractor Address: n/a Portland	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: ROS

Past Use: ROS	Proposed Use: ROS tent for the Juvenile Diabetes Event tent coming down same day	Permit Fee:	Cost of Work: \$30.00	(CEODistrict: 4
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: A Type: TENT	

Proposed Project Description:
Tent for the Juvenile Diabetes Event, tent coming down same day

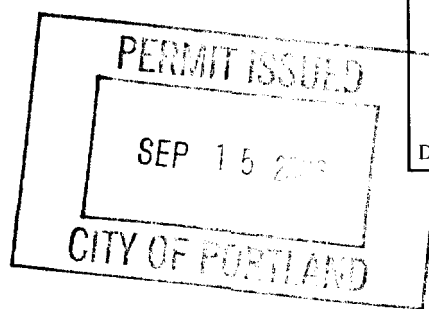
Signature *JMB per G.C.* Signature *JMB 9/15/06*

PEDESTRIAN AD:

Action: Approved Approved w/Conditions Denied
Signature: Date:

Permit Taken By: dmartin	Date Applied For: 09/15/2006	Zoning Approval	
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Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<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	<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>JMB 9/15/06</i>	late:	late:



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: 06-1363	Date Applied For: 09/15/2006	CBL: 158 A024001
Location of Construction: 656 BAXTER BLVD	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST		Phone:
Business Name:	Contractor Name: n/a	Contractor Address: n/a Portland		Phone
Lessee/Buyer's Name	Phone:	Permit Type: Tents		
Proposed Use: ROS tent for the Juvenile Diabetes Event tent coming down same day		Proposed Project Description: Tent for the Juvenile Diabetes Event, tent coming down same day		

Dept: Zoning **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 09/15/2006
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 09/15/2006
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:** Cptn Greg Cass **Approval Date:** **Ok to Issue:**

Check will be here next week

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

last

If you or the property owner owes real estate or personal property taxes or user charger 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</u>		
Date of Tent setup: <u>September 17, 2006</u>	Date of Tent breakdown: <u>September 17, 2006</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>158</u> Block# <u>A024</u> Lot#	Owner:	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>JDRFI 33 Silver Street Portland, ME 04101 207-761-0133</u>	<div style="border: 1px solid black; padding: 5px;"> DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME Fee: \$ 30.00 SEP - 5 2006 RECEIVED </div>

File 2075

in file from last year

- ~~The following information is required:~~
- Certificate of Flammability
 - Letter of approval from property owner. If the City is the owner, please contact Ted Musgrave at Parks & Recreation @ 874-8793
 - Plot Plan showing the following:
 - Property lines
 - Parking
 - Existing Building locations
 - Tent locations, including dimensions of all tents, exits and entrances in tent.
 - If the City is the property owner, Certificate of Insurance listing the City as Additional Insured. Minimum amount of coverage is \$400,000.00
- dimension of tent - All tents in grassy triangle @ Payson Park.
(3) - 20 x 30 Tents
(1) - 10 x 10 canopy tent
- Should have Certificate of Flammability from last year - same company

Whom should we contact when the permit is ready: Andrea Berry Taylor Rental

Mailing address: 33 Silver Street Portland, ME 0401

PHONE: 207-761-0133 XX Call 603 540 7954

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>Rick Edwards</u>	Date: <u>8/21/06</u>
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This is NOT a permit; you may not commence ANY work until the permit is issued.

TO: BROOKE 603-595-203

1 page map
9-11-06

&La** Basketball Court
Tennis
Court

Playground

PAYSON PARK

Little League
Parking Lot
Tarred Area

Softball Field

Little League Field

DIRT PARKING LOT

Dyers Flat

new
Playground

Parking

Parking
Lot
Dirt

Pop tent
Photo

80x30
Kids
Tents

80x30
Restroom
tent

(Pop-up)
Gr.

10x10
DJ

Tables

BAXTER BOULEVARD

BACK COVE

Edwards, Brooke

From: Ted Musgrave [TVM@portlandmaine.gov]
Sent: Monday, September 11, 2006 11:22 AM
To: Edwards, Brooke; AMACHADO@portlandmaine.gov; DMARTIN@portlandmaine.gov;
GG@portlandmaine.gov; LDobson@portlandmaine.gov
Cc: SLD@portlandmaine.gov
Subject: juv diabetes walk, payson pk triangle grass area, TENTREQUEST, sun. sept 17

hi brooke (and inspection folks).....

i'm back from vaca now.....

inspections - you **should** have **an application** from brook for these tents... (though i believe u still need the fee, cert of flam, and the site plan)

PLS Let this e-mail act as approval from p&r for the JDRF to use the payson pk grass area on sun sept 17.. and to install 3 large tents there for the event.

brooke - i just faxed you the map for payson pk.

pls fill in your **TENT** locations and fax over to Inspections... fax: 207- 874-8716
pls also fax to them the cert. of **flamability** for the 3 tents...

inspections staff - i'm not sure who was overseeing this tent permit request... but could you please e-mail back brooke to let her know the status of her request... thanks.

i will be issuing a permit for the event (probably) tomorrow afternoon..... **SO THANKS** for your patience.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 6/16/2006
PRODUCER Acordia Northeast, Inc. 330 Madison Avenue 7th Floor New York NY 10017	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 Juvenile Diabetes Research Foundation & all authorized chapter 120 Wall Street New York NY 10005	INSURERS AFFORDING COVERAGE	
	INSURER A: <u>Travelers Property Casualty Co of</u> 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 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.

INSR LTR	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	630-119C279-TIL-05	12/7/2005	12/7/2006	EACH OCCURRENCE \$ 1,000,000
	FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000				
	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				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

See Supplemental Information Page(s)

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
Portland Parks and Recreation 134 Congress Street Attn: Ted Musgrave Portland ME 04101		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:

DATE (MM/DD/YY)
6/16/2006

PRODUCER		PHONE (A/C, No, Ext)		APPLICANT (First Named Insured)		PHONE (A/C, No, Ext)	
Acordia Northeast, Inc.				Juvenile Diabetes Research Foundation			
330 Madison Avenue				& all authorized chapter			
7th Floor				120 Wall Street			
New York NY 10017				New York NY 10005			
CODE:		SUB CODE:		EFFECTIVE DATE		EXPIRATION DATE	
AGENCY CUSTOMER ID				POLICY NUMBER:		CO/PLAN	
				ACCOUNT NUMBER:			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Type: Walk to Cure Diabetes
 Location: Payson Park, Portland, ME
 Date: September 17, 2006
 Insurance Carrier: Travelers Property Casualty Co of America
 JDRF Chapter address: JDRF, Maine Branch, 33 Silver Street, Portland, ME 04101
 City of Portland, Maine is included as additional Insured, managers or lessors of premises to the extent of JDRF negligence.

IMPORTANT

If the certificate **holder** is an ADDITIONAL INSURED, the **policy(ies)** must be endorsed. A statement **on** this certificate does not confer rights to the certificate holder in lieu of such **endorsement(s)**.

if SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such **endorsement(s)**.

DISCLAIMER

The Certificate of Insurance on the reverse side of this **form does** not constitute a contract between the issuing **insurer(s)**, authorized representative or producer, **and** the certificate holder, nor does it affirmatively or negatively amend, **extend** or alter the coverage **afforded** by the policies listed thereon.

FAX # 6605-595-2073

Att Brooke Edwards

This is for

Tents in

Payson Park

in Portland Me.

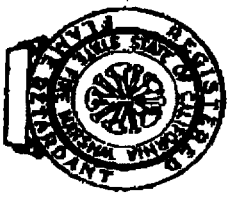
On 9-17-06

JDRFE

with R-r a

Cure

IMPORTANT DOCUMENT Certificate of Flame Resistance



REGISTRATION APPLICATION NUMBER

F1214

ISSUED BY

EVANSVILLE, INDIANA 47725
MANUFACTURERS OF THE FINISHED
TENT PRODUCTS DESCRIBED HEREIN

Date of Shipment	5/2/2005
Tent Identification	04018995

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

1101401
TAYLOR RENTAL CENTER #15259-8
271-273 BATH ROAD
BRAUNSWICK ME 04011

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. All fabric has been tested and passes NFPA 701-99, CPAI 84, UL C 109.

Serial # B115910 (2)

Description of item certified:

ALL PURPOSE CANOPY TOP 20'X30'
YELLOW / WHITE VINYL

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

JOHN BOYLE STATESVILLE NC

Signed:

Specialty Tent

SPECIAL EVENTS DIVISION - ANCHOR INDUSTRIES INC.



dedicated to finding a cure
dedicated to finding a cure

FACSIMILE TRANSMITTAL SHEET

TO. Gayle Guertin	FROM. JDRF NH Branch 803-595-2595 FAX 595-2073
COMPANY	DATE 9/13/06
FAX NUMBER	TOTAL NO. OF PAGES INCLUDING COVER 2
RE	
NOTES / COMMENTS	



dedicated to finding a cure

FACSIMILE TRANSMITTAL SHEET

TO: <u>Gayle Guertin</u>	FROM: <u>JDRF NH Branch 603-595-2595 FAX 595-2073</u>
COMPANY: <u>Inspection Services</u>	DATE: <u>9/11/06</u>
FAX NUMBER: <u>207-874-8716</u>	TOTAL NO. OF PAGES INCLUDING COVER: <u>7</u>
RE: <u>Tent Permit Applications</u>	
NOTES / COMMENTS:	

Hi Gayle -

Please find enclosed the necessary paperwork for the permit application received on Sept. 5th. Payment should arrive to you tomorrow 9/12. I am still awaiting a copy of the certificate of flammability from Taylor Rentall.

If you have any other questions please contact me at 603-595-2595

Thank you
Brooke Edwards.