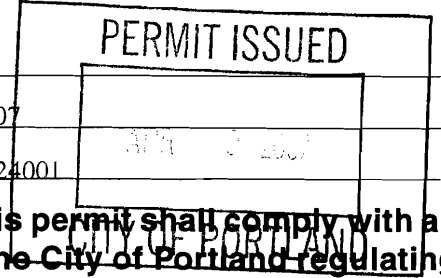


# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached

## BUILDING INSPECTION PERMIT

Permit Number: 070210



This is to certify that CITY OF PORTLAND

has permission to tent for the CFF Great Stride Walk 05/19/2007 at break down: 05/19/2007

AT 656 BAXTER BLVD 158 A024001

provided that the person or persons who apply for and 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 is procured before this building or part thereof is occupied or service is provided. 4 HOUR NOTIFICATION 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

*Thomas N. Marley* 3/14/07  
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: 07-0210	Issue Date:	CBL: 158 A024001
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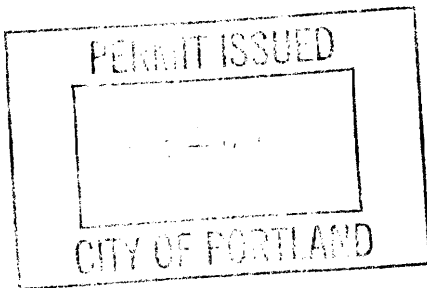
Location of Construction: 656 BAXTER BLVD	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: ROS

Past Use: Payson Park ROS	Proposed Use: ROS tent for the CFF Great Strides Walk 05/19/2007. Tent breakdown: 05/19/2007	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 4
Proposed Project Description: tent for the CFF Great Strides Walk 05/19/2007. Tent breakdown: 05/19/2007		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type: IBC 2003	
		Signature: <i>Craig Green</i>	Signature: <i>Jm 3/14/07</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: ldobson	Date Applied For: 02/27/2007	<b>Zoning Approval</b>		
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>ok 2/27/07</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

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 07-0210	<b>Date Applied For:</b> 02/27/2007	<b>CBL:</b> 158 A024001
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<b>Location of Construction:</b> 656 BAXTER BLVD	<b>Owner Name:</b> CITY OF PORTLAND	<b>Owner Address:</b> 389 CONGRESS ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b>	<b>Contractor Address:</b>	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Tents	

<b>Proposed Use:</b> ROS tent for the CFF Great Strides Walk 05/19/2007. Tent breakdown: 05/19/2007	<b>Proposed Project Description:</b> tent for the CFF Great Strides Walk 05/19/2007. Tent breakdown: 05/19/2007
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 02/27/2007	<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tom Markley	<b>Approval Date:</b> 03/14/2007	<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work. 2) This permit DOES NOT authorize any construction activities. The tent/stage must be removed at the end of the event.					
<b>Dept:</b> Fire	<b>Status:</b> Approved	<b>Reviewer:</b> Cptn Greg Cass	<b>Approval Date:</b> 03/01/2007	<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>

**Comments:**  
2/27/2007-ldobson: Fee exchange through inter office transfer e-mail w/ permit

#007

## Tent/Canopy or Temporary Event Staging 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.

<b>Location/Address/ Park of Installation: Payson Park, 30-62 Baxter Blvd.</b>		
<b>Tax Assessor's Chart, Block &amp; Lot</b> Chart# 112    Block# C    Lot# 007	<b>Property Owner: City of Portland</b>	<b>Telephone:</b> Ted Musgrave 207-874-8793
<b>Lessee/Buyer's Name (If Applicable)</b>	<b>Applicant name, address &amp; telephone:</b> CF Foundation 114 Perimeter Road, Units G&H Nashua, NH 03063 800-757-0203	<b>Fee: \$ 30.00</b>

**The permit fee, and the following items, must be completed and submitted to the Inspections Division to receive a permit.**

1. Certificate of Flammability
2. Letter of approval from property owner. **If the City is owner, attach a completed copy of Application to Use City Parks & Public Space from Parks & Recreation (756-8275).**
3. Company name of installer (contact info).
4. Plot Plan showing the following:  

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 & Recreation for maps of Portland's Parks @ 756-8275).
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

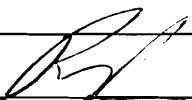
**Who should we contact when permit is ready: Stacey Smith**  
**Address: 114 Perimeter Road, Units G&H Nashua, NH 03063 Telephone: 800-757-0203**

**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.**

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.

**Rizwan Rahman**

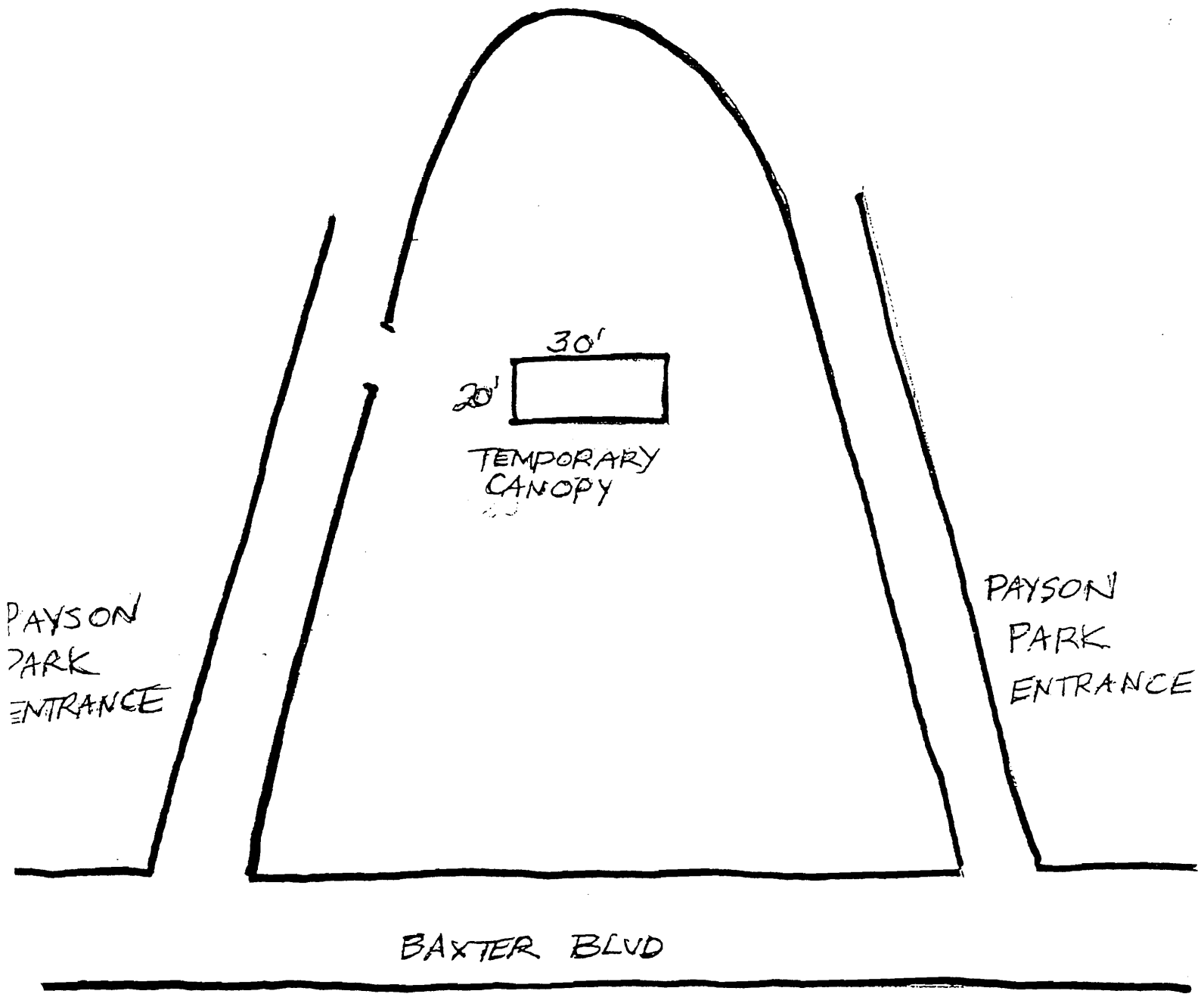
Director, Administrative Services

<b>Signature of applicant:</b> 	<b>Date:</b> 1/22/07
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**This is NOT a permit; you may not commence ANY work until the permit is issued.**

RE: CYSTIC FIBROSIS FOUNDATION/  
(GREAT STRIDES WALK)

MAY 19, 2007



IMPORTANT DOCUMENT

# Certificate of Flame Resistance

REGISTERED  
APPLICATION  
NUMBER

F121.4



ISSUED BY



EVANSVILLE, INDIANA 47711

Date of Manufacture  
3/12/99

Order Number  
215958

MANUFACTURERS OF THE FINISHED  
TENT PRODUCTS DESCRIBED HEREIN

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

HANDYMAN EQUIPMENT RENTAL  
#13616-1  
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 #:	8115930	(0001)
Description of item certified:	A P CPY TOP 20W X 30 VL B W	

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

JOHN BOYLE & CO  
STATESVILLE, NC

Name of Applicator of Flame Resistant Finish

Signed:

TENT DEPARTMENT—ANCHOR INDUSTRIES INC.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID HG  
CYSTI-1

DATE (MM/DD/YYYY)

02/06/07

**PRODUCER**

MacIntyre Fay & Thayer Ins Agy  
77 Accord Park Drive Unit B-1  
Norwell MA 02061  
Phone: 781-261-2000 Fax: 781-261-2099

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**

Cystic Fibrosis Foundation  
6931 Arlington Road  
Bethesda MD 20814

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A CNA Insurance Co.  
INSURER B American Zurich Insurance Co.  
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	PROD LTR	INSRD	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 GENL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	C 1057198720	01/01/07	01/01/08	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGE \$ 2,000,000								
A			AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	C 20834900852	01/01/07	01/01/08	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 AUTO ONLY EA ACC \$ AGG \$								
B			EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0	AUC9302315-05	01/01/07	01/01/08	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000								
A			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC 1 64080922 ADD'L LIMS. DOES NOT APPLY	01/01/07	01/01/08	<table border="1"> <tr> <td>WC STATE/TORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </table>	WC STATE/TORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
WC STATE/TORY LIMITS	OTHER														
E.L. EACH ACCIDENT	\$ 1,000,000														
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000														
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000														
			OTHER												

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

The Certificate Holder is named as Additional Insured, ATIMA, as respects to the location of the fund raising event being held May 19, 2007, "Great Strides Portland". (Northern New England Chapter)

**CERTIFICATE HOLDER**

PORTCIT

City of Portland  
134 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 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

*Ronald M. Chaves*

**From:** Ted Musgrave  
**To:** Charmaine HAISS; Susan Roscoe  
**Date:** 2/20/2007 10:38:05 AM  
**Subject:** would you please process a transfer (\$30) to inspections account

hi charmaine and sue -

would u pls process a transfer (\$30 - tent permit fee, cystic fibrosis walkathon, may 19).... from p&r permit account (K1) to inspections (tent permit) account.  
the inspections account # is: 100 240 23 26 03 00

i'll send you the backup material interoffice mail..

thank you.

i have cc'ed the inspections folks on this.... as well as the organizer of the event.. so they both know that a transfer is underway.... and to mark that tent permit application as paid.

thanks again.

**CC:** Debra Marquis ; Lannie Dobson; stsmith@cff.org