

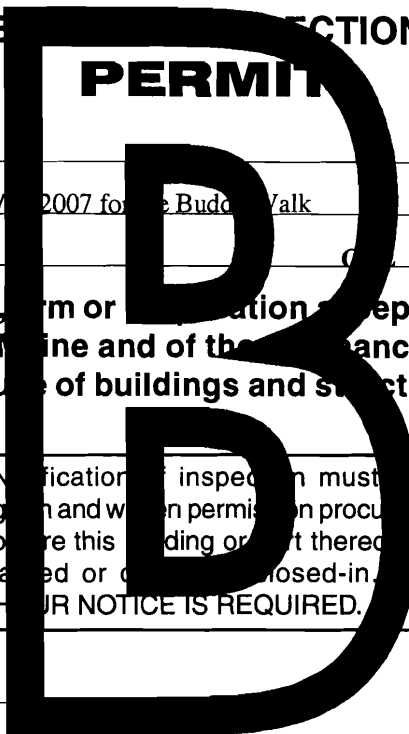
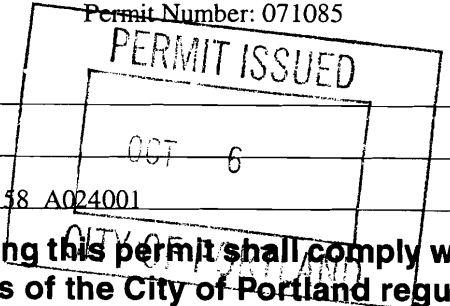
# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached

BUILDING DEPARTMENT

## PERMIT

Permit Number: 071085



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

has permission to Tent up and breakdown on 9/17/2007 for the Budd Walk

AT 656 BAXTER BLVD

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 altered or closed-in. 24 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. Greg Carr

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_  
Department Name

*Thomas M. Mally* 9/17/07  
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: 07-1085	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: n/ a	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: <i>ROS</i>

Past Use: ROS / Payson Park	Proposed Use: ROS / Payson Park Tent up and breakdown on 9/23/2007 for the Buddy Walk	Permit Fee:	Cost of Work: \$30.00	CEO District: 4
Proposed Project Description: Tent up and breakdown on 9/23/2007 for the Buddy Walk		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See Conditions</i>	INSPECTION: Use Group: <i>A (Party)</i> Type: <i>NA</i> <i>IBC 2003</i>	
		Signature: <i>Carey Cross</i>	Signature: <i>Jm 9/17/07</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: dmartin	Date Applied For: 09/05/2007	<b>Zoning Approval</b>		
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p><b>Special Zone or Reviews</b></p> <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 checked="" type="checkbox"/> MM <input type="checkbox"/> Date: <i>9/16/07</i>	<p><b>Zoning Appeal</b></p> <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: _____	<p><b>Historic Preservation</b></p> <input checked="" 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: _____
	<p>_____</p>	<p>_____</p>	<p>_____</p>

**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



# Certificate of Flame Resistance



REGISTERED  
APPLICATION  
CONCERN No.

F419.01

ISSUED BY  
California Combining Corp.  
3607 S Santa Fe Ave  
Los Angeles, CA 90058

Date treated or  
manufactured  
4-21-05

This is to certify that the materials described on the reverse side hereof have been flame-retardant treated (or are inherently non-flammable).

FOR Charnecke Tents Inc. ADDRESS 5245 Shannytown Dr.  
CITY Rosholt STATE WI 54473

Certification is hereby made that: (Check "a" or "b")

(a) The articles described on the reverse side of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used..... Chem. Reg. No.....

Method of application.....

(b) The articles described on the reverse side hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used LAM-TEX Reg. No. F419.01

The Flame Retardant Process Used WILL NOT Be Removed By Washing  
(will or will not)

Vince Kosko  
Name of Applicator or Production Superintendent

[Signature]  
By \_\_\_\_\_ Title CONTROLLER

CONTROL NO. 4-21-05

CUSTOMER ORDER NO. Ken

CUSTOMER INVOICE NO. 71942

YARDS OR QUANTITY 28x150, 2x145, 160, 155, 140, 135

COLOR White

STYLE 15-61

DATE PROCESSED 4-21-05

A+ party Rental installer - Phone #883-4472



*Approved - See Ted Musgrave*  
**CITY OF PORTLAND, PARKS & RECREATION**  
**APPLICATION TO USE CITY PARKS & PUBLIC SPACE**



**Notice: Parks & open spaces are designated tobacco-free zones. Please pass this along to participants.**

Today's Date: 2/6/07		Your Name: Angie Lally	
Business ~ Organization: Southern maine Down Syndrome Family Network			
Address: 59 Buca Run			
City: Portland		State: ME	Zip Code: 04103
Contact Name (s): Angie Lally, Charlie Myers		Title: Buddy Walk Chair	
Telephone: 878-5097	Work:	Cell: 671-0704	Fax:
E-mail Address: thelallys@earthlink.net		Other: downsyndromemaine.org	

Name of <b>EVENT</b> and area or facility to be used <i>(Describe and please be specific.)</i> BUDDY WALK		
Date(s) Requested: September 23, 2007	Time(s): set up 10:30, registration 12:00, Walk at 1:00, clean up by 4:00	Actual Time of Event: 1:00
Rain Date: <i>(Add 50% of permit fee to total amount if rain date is needed):</i> N/A		Estimated Number of Participants: 400
If you require parking, what will be the anticipated need be and how will you provide it? Dyer Flats has worked in the past		
Will you provide bathroom facilities? <i>(There may be a \$25 + cleaning fee charged if existing bathroom facilities are used.)</i> We usually rent a port-a-potty and place it by the dyer flats entrance		
List any materials, equipment, vehicles, etc., to be placed on city property <i>(please be specific.)</i> Approx. 40x60 tent, band set up		
Special Needs or Requirements (electricity ~ \$5 per hour charge / water hook-up, etc.) ELECTRICITY BOX		

**By returning this form, (should permission be granted to use city property), the above parties agree to indemnify and hold harmless the City of Portland, its employees and agents, from and against all claims arising out of activities during said event.**

**INSURANCE- PLEASE HAVE "CITY OF PORTLAND, MAINE" LISTED AS ADDITIONAL INSURED - MINIMUM \$400,000.**  
**(This insurance may not be required for some events.)**

**PERMIT FEES: \$40 for first hour plus \$35 per each additional hour (Example: 3 hour event - \$110)**  
**Additional fees may be required: park security deposit, electricity fee, barricade security deposit, etc.**  
***(Please make all checks payable to: City of Portland)***

**Portland Parks & Recreation will follow up with contact person, and if approved, a permit will be issued.**

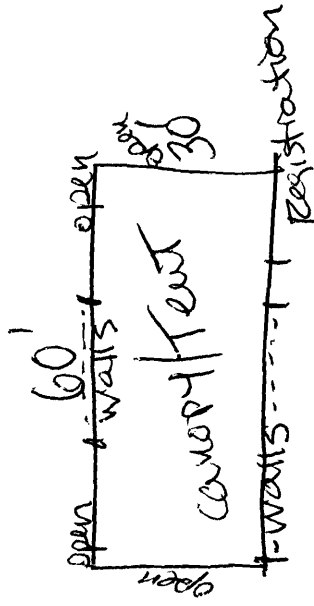
**PLEASE RETURN FORM AT LEAST 30 DAYS PRIOR TO USE TO: (Please make a copy for your file.)**  
**Portland Parks & Recreation ~ 134 Congress Street ~ Portland ~ ME ~ 04101 ~ Attn: Ted Musgrave**  
**207-756-8275 vm211 ~ Fax 207-756-8279      email: tvm@portlandmaine.gov**

*For Office Use Only*

Date Received:	Reviewed By:	Approved:
Certificate of Insurance	Permit Fee \$	Other Fees \$
		Security Deposit \$

Comments:
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Pouyson Park



Baxter Boulevard

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/16/2007

PRODUCER (207)797-4900 FAX (207)874-4069  
Coastal Insurance Group LLC  
558 Brighton Avenue  
Portland, ME 04102  
R. Christopher Maloney

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 Southern Maine Down Syndrome Family Network  
attn: Mark Stasium  
17 Dennett Street  
Portland, ME 04102

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: MiddleOak

14532

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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
A	GENERAL LIABILITY	CL0100022056	04/15/2007	04/15/2008	EACH OCCURRENCE	\$ 1,000,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000			
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000			
					PERSONAL & ADV INJURY	\$ 1,000,000			
					GENERAL AGGREGATE	\$ 2,000,000			
					PRODUCTS - COMP/OP AGG	\$ 2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:								
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC								
	AUTOMOBILE LIABILITY								
	<input type="checkbox"/> ANY AUTO							COMBINED SINGLE LIMIT (Ea accident)	\$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person)	\$				
<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$				
<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$				
<input type="checkbox"/> NON-OWNED AUTOS									
GARAGE LIABILITY									
<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$				
				OTHER THAN EA ACC	\$				
				AUTO ONLY AGG	\$				
EXCESS/UMBRELLA LIABILITY									
<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE	\$				
				AGGREGATE	\$				
					\$				
					\$				
					\$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?									
If yes, describe under SPECIAL PROVISIONS below									
				WC STATU-TORY 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

additional insured only during the 1 day family walk on or around Sept 9 2007

## CERTIFICATE HOLDER

City of Portland as an additional insured  
389 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 \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

R. Christopher Maloney