

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT PERMIT

Permit Number: 071107

This is to certify that CITY OF PORTLAND / Stephanie Morin
has permission to Maine Children's Cancer Program Walk set up 6/07 break down 9/17/07
AT 656 BAXTER BLVD C 158 A024001

PERMIT ISSUED

SEP 11

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 Cass
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Thomas Mally 9/14/07
Director of 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: 07-1107	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: Stephanie Morin	Contractor Address: 59 Davis Ave Auburn	Phone 2072403737
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: ROS

Past Use: ROS Payson Park	Proposed Use: ROS Payson Park- Maine Children's Cancer Program Walk Tent setup 9/16/07 breakdown 9/17/07	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 4
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See Conditions</i>	INSPECTION: Use Group: <i>Ass (Tent)</i> Type: <i>ref</i> IBC 2003	

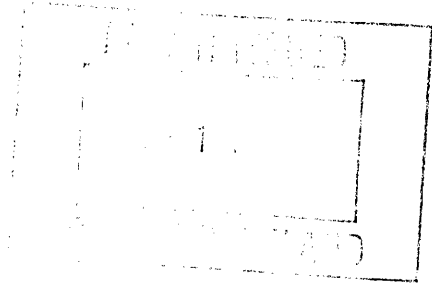
Proposed Project Description:
Maine Children's Cancer Program Walk Tent setup 9/16/07 breakdown 9/17/07

Signature: *Greg Cross* Signature: *Jm 9/14/07*
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
 Action: Approved Approved w/Conditions Denied
 Signature: _____ Date: _____

Permit Taken By: Idobson	Date Applied For: 09/11/2007	Zoning Approval	
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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 checked="" 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 9/11/07 ABM</i>	Date: _____	Date: <i>ABM</i>



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: 07-1107	Date Applied For: 09/11/2007	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: Stephanie Morin	Contractor Address: 59 Davis Ave Auburn	Phone: (207) 240-3737
Lessee/Buyer's Name	Phone:	Permit Type: Tents	

Proposed Use: ROS Payson Park- Maine Children's Cancer Program Walk Tent setup 9/16/07 breakdown 9/17/07	Proposed Project Description: Maine Children's Cancer Program Walk Tent setup 9/16/07 breakdown 9/17/07
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Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 09/11/2007	Note:	Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date: 09/14/2007	Note:	Ok to Issue: <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.					
Dept: Fire	Status: Approved with Conditions	Reviewer: Capt Greg Cass	Approval Date: 09/12/2007	Note:	Ok to Issue: <input checked="" type="checkbox"/>
1) Tents shall have an approved fire resistant rating, Maintain 10' between stake lines, No smoking or open flame within 10', Provide at least 1 10 lb. ABC extinguisher.					

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.

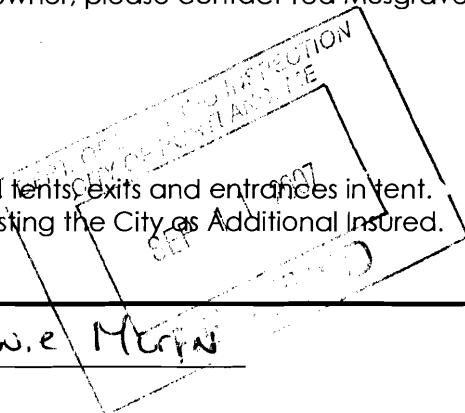
Tent Permit Application

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>Payson Park, Portland, ME</u>		
Date of Tent setup: <u>9/15/07 9/16/07</u>	Date of Tent breakdown: <u>9/16/07 9/17/07</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>158</u> Block# <u>A</u> Lot# <u>24</u>	Owner: <u>Mike's Tent</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	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 Moran
 Mailing address: 59 DAVIS Ave.
AUBURN, 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 Moran</u>	Date: <u>9/11/07</u>
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This is NOT a permit; you may not commence ANY work until the permit is issued.

PRODUC

ME 04112-5275

ISSUED AS A MATTER OF INFORMATION 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	ADDL INSR	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 CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	ME CHL 000363	10/01/2005	10/01/2006	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				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 AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ 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 ENDORSEMENT/SPECIAL PROVISIONS
IT IS HEREBY UNDERSTOOD AND AGREED THAT THE CITY OF PORTLAND AND A & M PARTNERS, INC ARE ADDITIONAL INSURED IN RESPECTS TO THE MAINE CHILDREN'S CANCER PROGRAM ANNUAL FUNDRAISER WALK BANNER SPANNING CONGRESS STREET, PORTLAND, ME FROM SEPTEMBER 8, 2006 TO SEPTEMBER 16, 2006.

CERTIFICATE HOLDER

CITY OF PORTLAND
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 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
Terrance J. Sheehan, M.D., 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.

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 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

Certificate of Flame Resistance

REGISTERED
FABRIC
NUMBER

F-140.01

ISSUED BY
JOHNSON OUTDOORS INC.
BINGHAMTON, NEW YORK 13902
*Manufacturers of the Finest
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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

ULCERN AVENUE

CHEVERUS HIGH SADDLE

PARKING

7 tables
TENT
REGISTRATION

TENT
FOOD TRAYLET
3 tables

1 table
Face
Building

MASCOT DROP OFF

PAYSON PARK

VOLUNTEER PARKING

ROAD CLOSED

SOUND
WMGX VAN

POWER BOX

CLOSE UP

POLICE

POLICE

BAXTER BOULEVARD

WALK BEGINS

WALK PATH

