

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 080427

PERMIT ISSUED

6/8/08

CITY OF PORTLAND

This is to certify that CITY OF PORTLAND

has permission to Juvenile Diabetes Walk to Cure Diabetes Set-up 1/2008 (2) 20' x 30' tents & (1) 10' x 10' tent

AT 656 BAXTER BLVD

158 A024001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of this 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 procured before this building or part thereof is laid 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. Craig Cass

Health Dept. _____

Appeal Board _____

Other _____
Department Name

[Signature] 6/8/08
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: 08-0427	Issue Date:	CBL: 158 A024001
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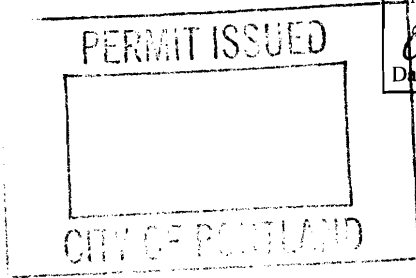
Location of Construction: 656 BAXTER BLVD	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: ROS

Past Use: ROS - Payson Park	Proposed Use: ROS - Payson Park - Juvenile Diabetes Walk to Cure Diabetes- Set-up 9/21/2008 (3) 20' x 30' tents & (1) 10' x 10' tent	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>U</i> Type: <i>Temp Structure</i>	

Proposed Project Description: Juvenile Diabetes Walk to Cure Diabetes- Set-up 9/21/2008 (3) 20' x 30' tents & (1) 10' x 10' tent	Signature: <i>Gregory Cass</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: 04/28/2008	Zoning Approval		
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<ol style="list-style-type: none"> 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 <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"/>	Zoning Appeal <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	Historic Preservation <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>4/29/08</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

Permit No: 08-0427	Date Applied For: 04/28/2008	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	

Proposed Use: ROS - Payson Park - Juvenile Diabetes Walk to Cure Diabetes- Set-up 9/21/2008 (3) 20' x 30' tents & (1) 10' x 10' tent	Proposed Project Description: Juvenile Diabetes Walk to Cure Diabetes- Set-up 9/21/2008 (3) 20' x 30' tents & (1) 10' x 10' tent
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 04/29/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 05/08/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) 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: 04/29/2008
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.			

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.

Location/Address/ Park of Installation: Payson Park		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 158 A024	Property Owner: Taylor Rental	Telephone: 207. 725. 7400
Lessee/Buyer's Name (If Applicable) Juvenile Diabetes Research Foundation	Applicant name, address & telephone: Allyssa DeLong 175 Ammon Drive, Suite 201 Manchester, NH 03103 207-761-0133	Fee: \$ 30.00

The permit fee, and the following items, must be completed and submitted to the Inspections Division to receive a permit. (Inspections Div., Portland City Hall, 389 Congress St., Portland, Maine 04101)

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: Allyssa DeLong
Address: 175 Ammon Dr. Suite 201, Manchester NH 03103 **Telephone:** 207. 761- 0133

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.

Signature of applicant: <u>Allyssa DeLong</u>	Date: <u>4/21/08</u>
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This is NOT a permit; you may not commence ANY work until the permit is issued.

IMPORTANT DOCUMENT
Certificate of Flame Resistance

REGISTRATION
APPLICATION
NUMBER

F121.4



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

BRUNSWICK 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, ULC 109.

Serial # 8115910 (2)

Description of item certified:

ALL PURPOSE CANOPY TOP 20WX30
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: *[Signature]*

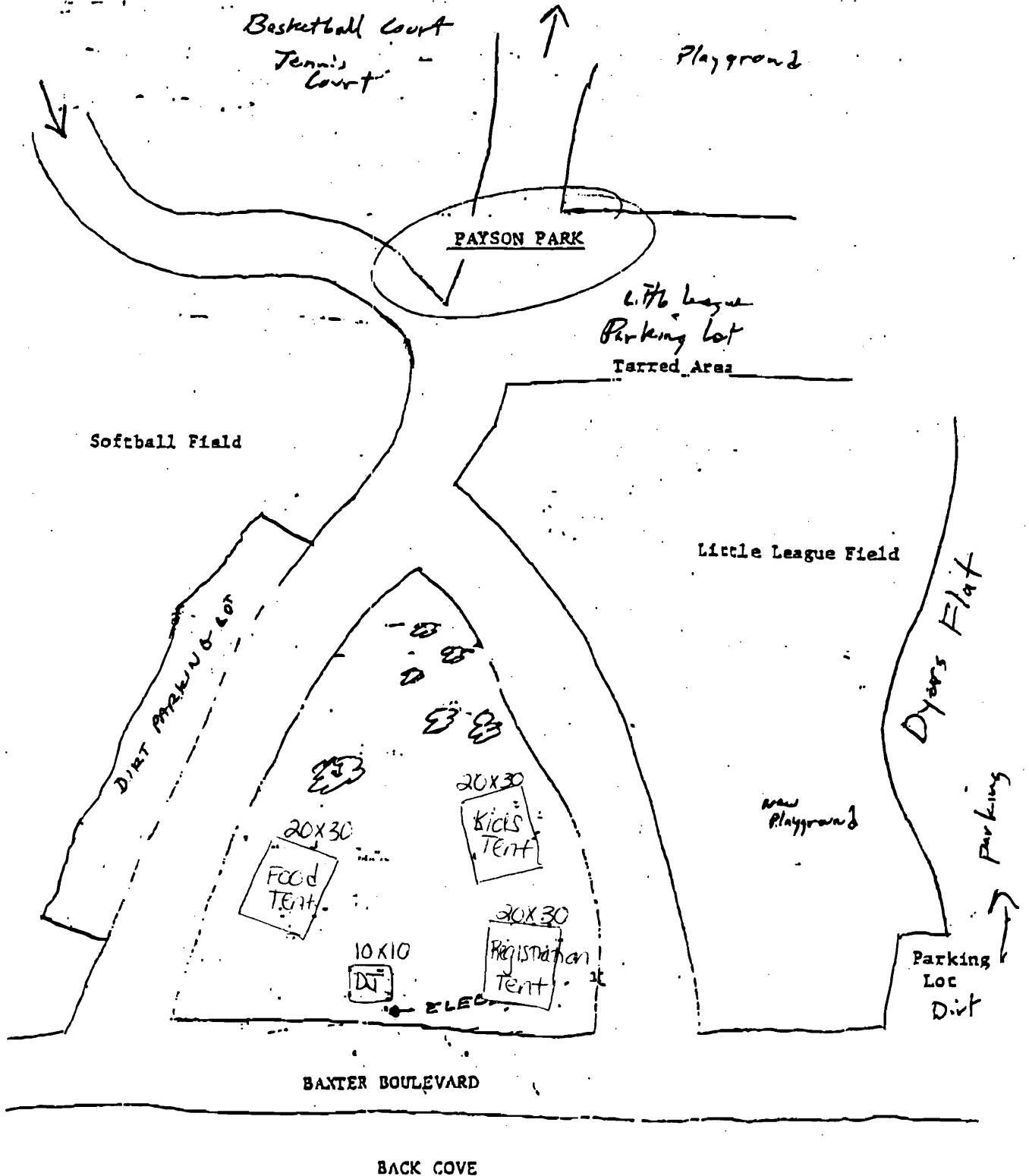
SPECIAL EVENTS DIVISION - ANCHOR INDUSTRIES INC.

7-22-08

TO: Alyssa 603-222-2006

page 1 of 1

From: TM



Dimension of Tents: all in grassy area triangle at Payson Park on Baxter Blvd. side.

(3) 20x30 Tents

(1) 10x10 Tent

ACORD_{TM} CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
3/20/08

PRODUCER
Wells Fargo Insurance Services
330 Madison Ave. 7th Floor
New York, NY 10017
212-682-7500

INSURED
Juvenile Diabetes Research
Foundation
120 Wall Street
New York NY 10005

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

INSURERS AFFORDING COVERAGE

INSURER A: *Travelers C&S Co of America
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

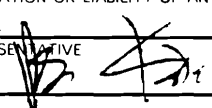
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES 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	P6301197C279	12/07/07	12/07/08	EACH OCCURRENCE	\$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 100000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5000
					PERSONAL & ADV INJURY	\$ 1000000
					GENERAL AGGREGATE	\$ 2000000
					PRODUCTS - COMP/OP AGG	\$ 2000000
					GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" 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				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				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

Re: 2008 JDRF Maine Walk to Cure Diabetes. Payson Park, Portland Maine Sunday, September 21, 2008. JDRF: New Englad Chapter, Maine Branch, 175 Ammon Drive, Suite 201, Manchester, NH 03103

EVIDENCE OF INSURANCE

CERTIFICATE HOLDER	ADDITIONAL INSURED: INSURER LETTER	CANCELLATION
City of Portland 389 Congress Street PO Box 17796 Portland, ME 04112-7796		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>0</u> 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 

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.



Permit in Process - 4/22/08

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: 2/22/08		Your Name: Emily Burgo	
Business ~ Organization: Juvenile Diabetes Research Foundation			
Address: 33 Silver Street			
City: Portland		State: ME	Zip Code: 04101
Contact Name (s): Allyssa De Long		Title: Special Events Coordinator	
Telephone:	Work: 207-761-0133	Cell:	Fax: 603-222-2006
E-mail Address: adelong@jdrf.org		Other:	

Name of **EVENT** and area or facility to be used *(please Describe event / please be Specific)*

Juvenile Diabetes Research Foundation Annual Walk to Cure Diabetes
Walkers will be assembling on the Payson Park front lawn across from Baxter Blvd. The walk will start at 11am (registration at 10am) with festivities lasting until 3pm. Clean up and take down of equipment will run until 5pm.
Festivities will include free food (barbecue) and beverage, public speakers, and musical entertainment (DJ) and Radio Station Van being on site.

Date(s) Requested: 09/21/08	Time(s): 7am to 5pm	Actual Time of Event: registration is at 10am and the walk commences at 11am
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Rain Date: <i>(Add 50% of permit fee to total amount if rain date is needed):</i>	Estimated Number of Participants: 900
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If you require parking, what will be the anticipated need be and how will you provide it?

Parking for participants as well as volunteers, will be in the Parking Lots inside the park and also at Dyer's Flat.

We will position at least 2 volunteers in the lot so that cars park orderly.

We will create signs directing cars to the appropriate lots.

If there are no games taking place at the Little League fields / softball fields, we would like to use those Parking Lot areas as well.

Will you provide bathroom facilities? Yes, we will rent facilities

List any materials, equipment, vehicles, etc., to be placed on city property: We will be placing 4 tents (2 – 10x10, 1 – 20x30, 1 – 20x20) on the grounds along with adequate tables and chairs. We plan to have a DJ so electricity will be required. We will have 2 gas grills for the barbeque.

Special Needs or Requirements (electricity ~ \$5 per hour charge / water hook-up, etc.)
We do need electricity.

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: tvn@portlandmaine.gov**

For Office Use Only

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

Comments:
