

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

PERMIT ISSUED

Permit Number: 051932-2005

CITY OF PORTLAND

Use Read  
cation And  
es, If Any,  
tached

to certify that CITY OF PORTLAND

mission to Set up tent for Maine Children's Cancer Center set up 09/17/2005 Break Down 09/17/2005

16 BAXTER BLVD 158 A024001

ided that the person or persons firm or corporation accepting this permit shall comply with all  
e provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating  
:onstruction, maintenance and use of buildings and structures, and of the application on file in  
department.

only to Public Works for street line  
grade if nature of work requires  
h information.

Notification of inspection must be  
given and when permission proce  
before this building or part there  
loaded or otherwise closed-in  
YOUR NOTICE REQUIRED.

A certificate of occupancy must be  
procured by owner before this build-  
ing or part thereof is occupied.

OTHER REQUIRED APPROVALS

Dept. Greg Case PFD 9-17-05

Dept.

Board

Department Name

*Ch... 09/16/05*  
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: 05-1332	Issue Date: <b>PERMIT ISSUED</b> 19 2005	GBL: 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> Maine Med	<b>Contractor Name:</b>	<b>Contractor Address:</b>	<b>Phone:</b>
<b>Lessee/Buyer's Name:</b> Maine Children's Cancer Program	<b>Phone:</b> 2072403737	<b>Permit Type:</b> Tents	<b>Zone:</b> R09

<b>Past Use:</b> Payson Park	<b>Proposed Use:</b> Payson Park/ Set up tent for Maine Children's Cancer Program/ Set up 09/17/2005 Break Down 09/17/2005	<b>Permit Fee:</b> \$30.00	<b>Cost of Work:</b> \$30.00	<b>CEO District:</b> 4
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<b>Proposed Project Description:</b> Set up tent for Maine Children's Cancer Program/ Set up 09/17/2005 Break Down 09/17/2005	<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied w/ conditions	<b>INSPECTION:</b> Use Group: U Type: NA 9/16/05
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<b>Permit Taken By:</b> Idobson	<b>Date Applied For:</b> 09/12/2005	<b>Zoning Approval</b>	
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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"/> Date: 9/14/05	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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:
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**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

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
08/30/2005

**PRODUCER**  
MEDICAL MUTUAL INS. CO. OF MAINE  
ONE CITY CENTER, PO BOX 15275  
PORTLAND, ME 04112-5275

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**  
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 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.

INSA LTR	ADD'L NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <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"/> PRO-JECT <input type="checkbox"/> LOC	ME CHL 000363	10/01/2004	10/01/2005	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
		<b>AUTOMOBILE LIABILITY</b> <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) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b> 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  
 CITY OF PORTLAND IS AN ADDITIONAL INSURED SOLELY WITH RESPECT TO THE BARBARA BUSH CHILDREN'S HOSPITAL "MAINE CHILDREN'S CANCER PROGRAM 2005 WALK" FUNDRAISER TO BE HELD AT PAYSON PARK ON SEPTEMBER 17, 2005.

**CERTIFICATE HOLDER**  
  
 CITY OF PORTLAND  
 OFFICE OF CORPORATE COUNSEL  
 89 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  
 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.

NAME: Tents For Rent

CITY: New SHARDY STATE: MAINE 04955

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

ULLEN AVENUE

CHEVERUS HIGH SADDLE

PARKING

7 tables  
TENT  
REGISTRATION

FOOD TABLET  
3 tables

1 table  
Face  
Painting

MASCOT DROP OFF

PAYSON PARK

STAGE

SOUND  
WMGX VAN

POWER BOX

VOLUNTEER PARKING

ROAD CLOSED

CLOSE USE

POLICE

POLICE

BAXTER BOULEVARD

WALK BEGINS

WALK PATH

