

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

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

Permit No: 011168	Issue Date: SEP 21 2001	CBL: 159 G001001
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<b>Location of Construction:</b> 427 Ocean Ave	<b>Owner Name:</b> City Of Portland	<b>Owner Address:</b> 389 Congress St	<b>Phone:</b>
<b>Business Name:</b> n/a	<b>Contractor Name:</b> Atlantic Tent Company	<b>Contractor Address:</b> Portland	<b>Phone:</b>
<b>Lessee/Buyer's Name:</b> n/a	<b>Phone:</b> n/a	<b>Permit Type:</b> Tents	<b>Zone:</b> ROS

<b>Past Use:</b> Park	<b>Proposed Use:</b> Park / 30' x 60' tent for fundraiser event. Erect 9/21 @ 12:00pm and taken down 9/24 @ 10:00 am	<b>Permit Fee:</b> \$35.00	<b>Cost of Work:</b> \$0.00	<b>CEO District:</b> 2
		<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: U Type: <i>PERMIT ISSUED WITH REQUIREMENTS</i>	

**Proposed Project Description:**  
Erect 30' x 60' Tent

Signature: *[Signature]* Signature: *[Signature]*

**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.):**

Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Permit Taken By:</b> gg	<b>Date Applied For:</b> 09/20/2001	<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 <i>temp only</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>o/k 9/20/01</i>	<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 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: <i>[Signature]</i>
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**PERMIT ISSUED WITH REQUIREMENTS**

**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

Walk through

# All Purpose Building 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>DAYSON PARK (427 Ocean Ave)</u>	
Total Square Footage of Proposed Structure <u>30' X 60'</u>	Square Footage of Lot

Tax Assessor's Chart, Block & Lot Chart# <u>159</u> Block# <u>G</u> Lot# <u>001</u>	Owner: <u>ATLANTIC TENT CO.</u>	Telephone:
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Lessee/Buyer's Name (If Applicable) <u>JUVENILE DIABETES RESEARCH FOUNDATION</u>	Applicant name, address & telephone: <u>JDRF</u> <u>500 FOREST AVE, SUITE 6</u> <u>PORTLAND, ME 04101</u>	Cost Of Work: \$ <u>5K.00</u> Fee: \$ <u>0.00</u>
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Current use: Park

If the location is currently vacant, what was prior use: \_\_\_\_\_

Approximately how long has it been vacant: \_\_\_\_\_

Proposed use: FUNDRAISING EVENT

Project description:  
TO PROVIDE SHELTER FOR WALK TO CURE DIABETES

Contractor's name, address & telephone:	<u>Going up 9/20</u>
Who should we contact when the permit is ready:	<u>KRISTIN WAPOLE</u> <u>Going down 9/24</u>
Mailing address: <u>500 FOREST AVE #6</u> <u>PORTLAND, ME 04101</u>	<u>10:00 AM</u> Phone: <u>207.761.0133</u>

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>Kristin Wapole</u>	Date: <u>9/20/01</u>
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This is not a permit, you may not commence ANY work until the permit is issued

maintain the inflation of the structure in case of primary system failure. The auxiliary inflation system shall operate automatically when there is a loss of internal pressure and when the primary blower system becomes inoperative.

Blower equipment shall meet the following requirements:

1. Blowers shall be powered by continuous-rated motors at the maximum power required for any flow condition as required by the structural design.
2. Blowers shall be provided with inlet screens, belt guards and other protective devices as required by the code official to provide protection from injury.
3. Blowers shall be housed within a weather-protecting structure.
4. Blowers shall be equipped with backdraft check dampers to minimize air loss when inoperative.
5. Blower inlets shall be located to provide protection from air contamination. The location of inlets shall be approved.

**3103.4.2 Standby power:** Wherever an auxiliary inflation system is required, an approved standby power-generating system shall be provided. The system shall be equipped with a suitable means for automatically starting the generator set upon failure of the normal electrical service and for automatic transfer and operation of all of the required electrical functions at full power within 60 seconds of such service failure. Standby power shall be capable of operating independently for a minimum of 4 hours.

**3103.5 Support provisions:** A system capable of supporting the *membrane* in the event of deflation shall be provided for in all air-supported and air-inflated structures having an occupant load of more than 50 or where covering a swimming pool regardless of occupant load. The support system shall be capable of maintaining *membrane* structures used as a roof for Type 1 or 2 construction not less than 20 feet (6096 mm) above floor or seating areas. The support system shall be capable of maintaining all other *membranes* at least 7 feet (2134 mm) above the floor, seating area or surface of the water.

**3103.6 Engineering design:** All *membrane* structures shall be structurally designed in accordance with approved criteria that are developed by a *registered design professional*.

## SECTION 3104.0 TEMPORARY STRUCTURES

**3104.1 General:** The provisions of this section shall apply to tents, *membrane* structures and other structures erected for a period of less than 180 days. Those erected for a longer period of time shall comply with Section 3103.0 or with all applicable sections of this code where Section 3103.0 is not applicable.

**3104.1.1 Permit required:** All temporary structures that cover an *area* in excess of 120 square feet (11.16 m<sup>2</sup>), including all connecting *areas* or spaces with a common *means of egress* or entrance which are used or intended to be used for the gathering together of ten or more persons, shall not be erected, operated or maintained for any purpose without obtaining a permit from the code official. Tents used exclusively for recreational camping purposes shall be exempt from the above requirements. Special permits required by this code shall be secured from the code official.

**3104.2 Construction documents:** A permit application and *construction documents* shall be submitted for each installation of a temporary structure. The *construction documents* shall include a site plan indicating the location of the temporary structure and information delineating the *means of egress* and the occupant load.

**3104.3 Location:** All temporary structures shall be located in accordance with the requirements of Table 705.2 based on the fire-resistance rating of the exterior walls for the proposed type of construction. *OK*

**3104.4 Construction:** Tents and air-supported structures shall be constructed as required by this code and NFPA 102 listed in Chapter 35.

**3104.5 Membrane material:** The *membrane* material for all tents shall be of: approved noncombustible material as defined in Section 704.4; flameresistant material as determined in accordance with NFPA 701 listed in Chapter 35; or material treated in an approved manner to render the material flameresistant.

**3104.6 Certification:** An affidavit or affirmation shall be submitted to the code official and a copy retained on the premises on which the tent or air-supported structure is located. The affidavit shall attest to the following information relative to the flameresistance of the fabric:

1. Names and addresses of the owners of the tent or air-supported structure.
2. Date the fabric was last treated with flameresistant solution.
3. Trade name or kind of chemical used in treatment.
4. Name of person or firm treating the material.
5. Name of testing agency and test standard by which the fabric was tested.

**3104.7 Inflation pressure:** Operating pressure shall be maintained at the design pressure specified by the manufacturer to assure structural stability and to avoid excessive distortion during high *wind* or *snow loads*.

**3104.8 Door operation:** In high winds over 50 mph (80.45 km/h) or in snow conditions, the doors in air-supported structures shall be controlled to avoid excessive air loss. Doors shall not be left open under any conditions.

**3104.9 Means of egress:** All temporary structures including tents and *membrane* structures shall conform to the *means of egress* requirements of Chapter 10 and shall have a maximum *exit access* travel distance of 100 feet (30480 mm).

## SECTION 3105.0 CANOPIES AND AWNINGS

**3105.1 General:** Rigid canopies or awnings supported in whole or in part by members resting on the ground and used for patio covers, car ports, summer houses or other similar uses shall comply with the requirements of Sections 3105.2 through 3105.5 for design and construction. Such structures shall be braced as required to provide rigidity.

**3105.2 Definitions:** The following words and terms shall, for the purposes of this section and as used elsewhere in this code, have the meanings shown herein.

Date (mm/dd/yy) <b>09/18/01</b>					
PRODUCER: <b>ACORDIA NORTHEAST</b> (212) 682-7500 90 PARK AVENUE NEW YORK, NY 10016					
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.					
COMPANIES AFFORDING COVERAGE					
Insured: <b>JDFCEG3-TOM</b>  <b>Juvenile Diabetes Foundation &amp; All Authorized Chapters</b> 120 Wall Street New York, NY 10005	Company <b>A</b> <b>St. Paul Insurance Company</b>  Company <b>B</b>  Company <b>C</b>  Company <b>D</b>				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
CO. LINE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
A	<input checked="" type="checkbox"/> Commercial General Liab <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Owner's & Cont Protective	CK09002473	10/07/00	10/07/01	General Aggregate \$ 1,000,000
					Products-Comp Ops Acc \$ 1,000,000
					Personal & Adv Injury \$ 1,000,000
					Each Occurrence \$ 1,000,000
					Fire Damage(Exp I Fire) \$ 1,000,000
					Med Exp(any one person) \$ 5,000
	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 \$
					Bodily Injury (per person) \$
					Bodily Injury (per accident) \$
					Property Damage \$
	GARAGE LIABILITY <input type="checkbox"/> Any Auto				Auto Only - Ea accident \$
					Other Than Auto Only \$
					Each Accident \$
					Aggregate \$
	RECESS LIABILITY <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form				Each Occurrence \$
					Aggregate \$
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> No Proprietor/Partners/Executive Officers Etc. <input type="checkbox"/> Incl <input type="checkbox"/> Excl				Statutory Limit Other \$
					EA Each Accident \$
					EL Disease-Policy Limit \$
					EL Disease-Ea Employee \$
	OTHER				
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  RE: Walk-to-Cure Diabetes, Payson Park, Portland, ME, September 23, 2001. Certificate holder included as additional respects permits.					
City of Portland - Parks & Rec. 17 Arber Street Portland, ME 04103  APT: Ted Musgrave			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CHECKED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL endeavor TO MAIL 30 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.  Authorized Representative		

# Certificate of Flame Resistance

REGISTERED  
FABRIC  
NUMBER

F-140.01

ISSUED BY  
JOHNSON WORLDWIDE ASSOCIATES, INC.  
BINGHAMTON, NEW YORK 13902  
*Manufacturers of the Finest  
Tent Products Described Herein*

Date of Manufacture

Feb 1998

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: ATLANTIC TENT CO.

CITY: FREEPORT 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: 14OZ Vinyl White

Description of item certified: 30' x 60' pole 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 WORLDWIDE ASSOCIATES, INC.

\* Large Scale

# Tent Permit Information

Fee: \$35.00

Proof of Flam retardant

Date of tent set-up 9/21/01

Date of tent breakdown 9/24/01

Show drawing of the tent with exits

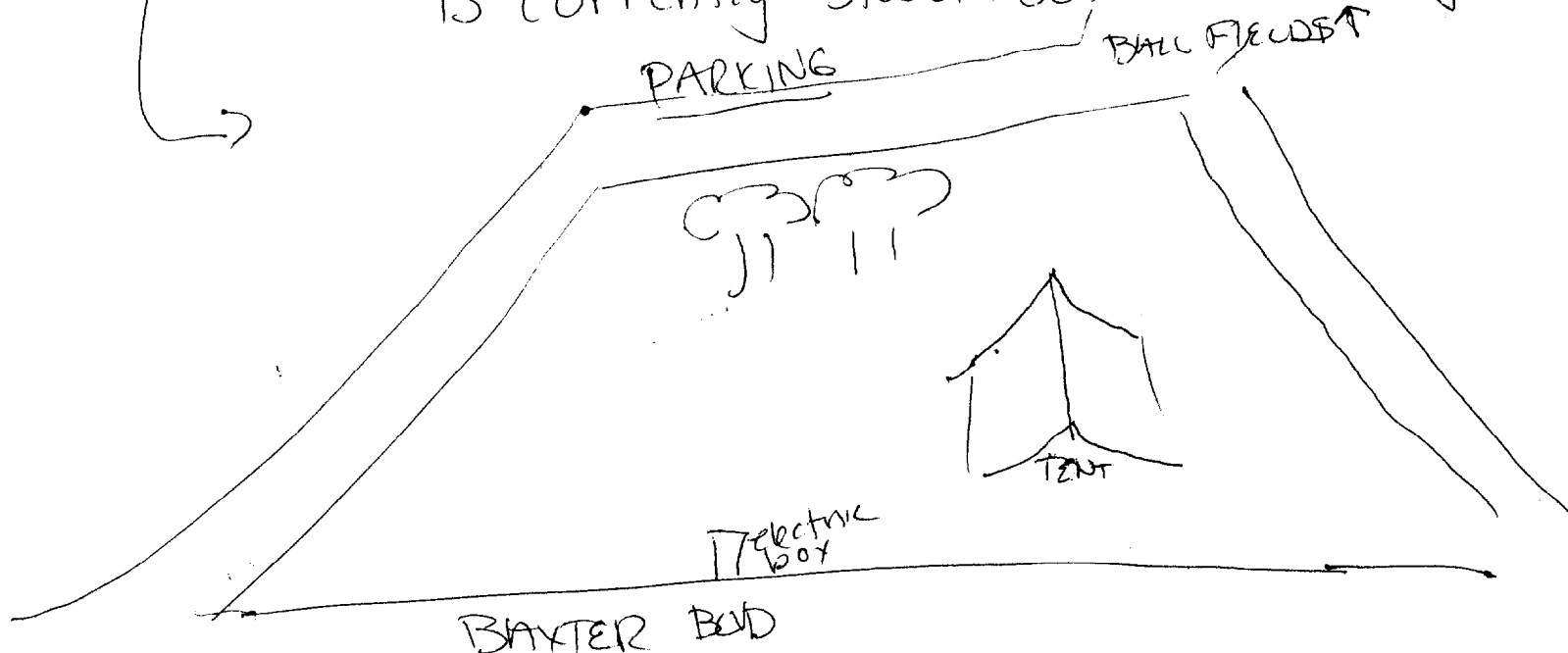
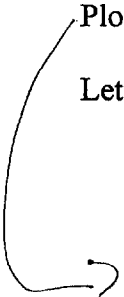


Dimensions of tent 30' x 60'

Plot Plan

Letter of approval from property owner

Ted Musgrave @ Parks & Rec  
IS CURRENTLY stuck out of COUNTRY.



8/1/00  
gg

DUPLICATE

GENERAL RECEIPT

# CITY OF PORTLAND, MAINE

DEPARTMENT Inspection DATE 9/20/01

RECEIVED FROM Vehicle Diagnostics

ADDRESS Bayou Park

UNIT	ITEM	REVENUE CODE	DOLLAR AMOUNT
	<u>Tent permit</u>		<u>350.00</u>
	<u>CBL 159 Gool</u>		
	<u>check # 105</u>		

CASH  CHECK  OTHER TOTAL 350.00

RECEIVED BY [Signature]