

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT ISSUED

PERMIT

Permit Number: 101095

SEP 17 2010

Please Read Application And Notes, if Any, Attached

This is to certify that CITY OF PORTLAND / Juvenile Diabetes

has permission to Juvenile Diabetes walk set-up 9/17/2010 break down same day City of Portland

AT 427 OCEAN AVE City 159 G001001

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 written permission procured before this building or part thereof is lathed or otherwise dressed-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. CAPS R. Southwick

Health Dept.

Appeal Board

Other

Department Name

Signature of Director

Director - Building & Inspection Services

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 10-1095	Issue Date:	CBL: 159 G001001
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Location of Construction: 427 OCEAN AVE	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Phone:
Business Name:	Contractor Name: Juvenile Diabetes Research	Contractor Address: 120 Wall St New York	Phone 8662680832
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: ROS

Past Use: ROS Payson Park	Proposed Use: ROS Payson Park - Juvenile Diabetes walk set-up 9/19/2010 break down same day	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: U Type: Tent	

Proposed Project Description: Juvenile Diabetes walk set-up 9/19/2010 break down same day	Signature: <i>(Signature)</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: 09/03/2010	Zoning Approval
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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>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>9/7/10</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><input type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>
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PERMIT ISSUED

SEP 17 2010

City of Portland

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
 Department of Building Inspections

Original Receipt

9-3 20 10

Received from

J. D. R. F.

Location of Work

Paper Park

Cost of Construction

\$ _____ Building Fee: _____

Permit Fee

\$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 30

Building (1L) _____ Plumbing (1S) _____ Electrical (1Z) _____ Site Plan (U2) _____

Other: tent

CBL: 159-6-1

Check #: 428256 Total Collected \$ 30

**No work is to be started until permit issued.
 Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy
 YELLOW - Office Copy
 PINK - Permit Copy

City of Portland, Maine - Building or Use Permit

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

Permit No: 10-1095	Date Applied For: 09/03/2010	CBL: 159 G001001
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Location of Construction: 427 OCEAN AVE	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Phone:
Business Name:	Contractor Name: Juvenile Diabetes Research	Contractor Address: 120 Wall St New York	Phone (866) 268-0832
Lessee/Buyer's Name	Phone:	Permit Type: Tents	

Proposed Use: ROS Payson Park - Juvenile Diabetes walk set-up 9/19/2010 break down same day	Proposed Project Description: Juvenile Diabetes walk set-up 9/19/2010 break down same day
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 09/07/2010
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
Dept: Building	Status: Approved with Conditions	Reviewer: Jonathan Rioux	Approval Date: 09/16/2010
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 Keith Gautreau	Approval Date: 09/09/2010
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 2 A 10 BC 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 PORTLAND, ME		
Date of Set up/Event 9.19.10/WALK TO CURE DIABETES		Date of Breakdown/ End of Event 9.19.10 / 9.19.10 ~ 3pm
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 159 9001	Property Owner: TAYLOR RENTAL	Telephone: 207.729.5348
Lessee/Buyer's Name (If Applicable) Lauren Suprenant / JDRF	Applicant name, address & telephone: Lauren Suprenant 175 AMMON DR. STE 201 MANCHESTER, NH 03103	Fee: \$30.00

The permit fee and the following items must be completed and submitted along with this application in order to receive a permit.

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: **Lauren Suprenant**
Address: **175 AMMON DR. MANCHESTER, NH 03103** Telephone: **606.268.0932**

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.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

SEP - 3 2010

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: Lauren Suprenant	Date: 8.25.10
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This is not a permit; you may not commence ANY work until the permit is issued.

tent APP.

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: *John W. Smith*

SPECIAL EVENTS DIVISION - ANCHOR INDUSTRIES INC.

subject to weather conditions, and possible further review by the Fire Dept. Grills must be set up away from children's activities. You must bring a fire extinguisher with you to the grilling area.

PORTA-RESTROOMS / BATHROOM FACILITIES

For [redacted] Park, Deering Oaks Park - across from the Playground, East End Beach). If over 150 people are expected to attend the event, a \$25 user fee is required (paid to Recreation). The restrooms are cleaned M, W, & F. If you would like to guarantee that they are cleaned just prior to your event, [redacted]

TRASH

All groups must abide by our Carry In/ Carry Out Policy. Please bring extra trash bags and/or trash receptacles and remove all trash. You will need to haul all of your trash out of the park/public space or forfeit the security deposit(s). The area will be checked following your event and if the park is clean and conditions for use adhered to, your security deposit will be returned to you. Thank you in advance!

PARKING ON GRASS AREAS

Portland Recreation has a strict policy that prohibits vehicles from parking on grass areas. \$10 will be deducted from your security deposit for each vehicle parked on grass. Any tire ruts/damage to the grass areas would mean a forfeit of your security deposits.

TOBACCO FREE ZONES

By city ordinance, smoking is prohibited at and within 20 feet of the following outdoor recreation and event areas: downtown squares and plazas, trails, parks, playgrounds, beaches, and athletic facilities. Please make sure you pass this information along to participants / spectators at the event.

NOTIFICATION

Please keep a copy of this permit on site at all times. City staff may require proof of permit.

REVOCABLE PERMIT

- ◆ The City reserves the unconditional right to control or cancel events to protect and/or prohibit damage to public property.
- ◆ The City reserves the unconditional right to revoke or revise an issued permit.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE POLICIES	TYPE INITIALS	AD	DATE	9-18-09
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ASSUMPTION OF RISK & LIABILITY

Users of the area agree to accept the grounds in an "as is" condition and shall be responsible for all risk and liability in using the park/public space area for the said event. 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.

I have read the Assumption of Risk & Liability Agreement	TYPE INITIALS	AD	DATE	9-18-09
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CREDIT CARD INFORMATION

Visa or MasterCard Number				Exp Date (Mon/Yr)		
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CREDIT CARD WILL ONLY BE CHARGED FOR SECURITY DEPOSIT(S) AS NEEDED

PLEASE MAKE CHECKS PAYABLE TO "CITY OF PORTLAND"

- ◆ Please make out security deposit checks separate from permit fees.

PLEASE RETURN FORM AT LEAST 30 DAYS IN ADVANCE TO:

- ◆ Portland Recreation ~ 134 Congress Street ~ Suite 2 ~ Portland ~ ME ~ 04101 or email to: tvm@portlandmaine.gov

TOTAL AMOUNT(S) DUE TO RECREATION (Please make all security deposit checks out separately)

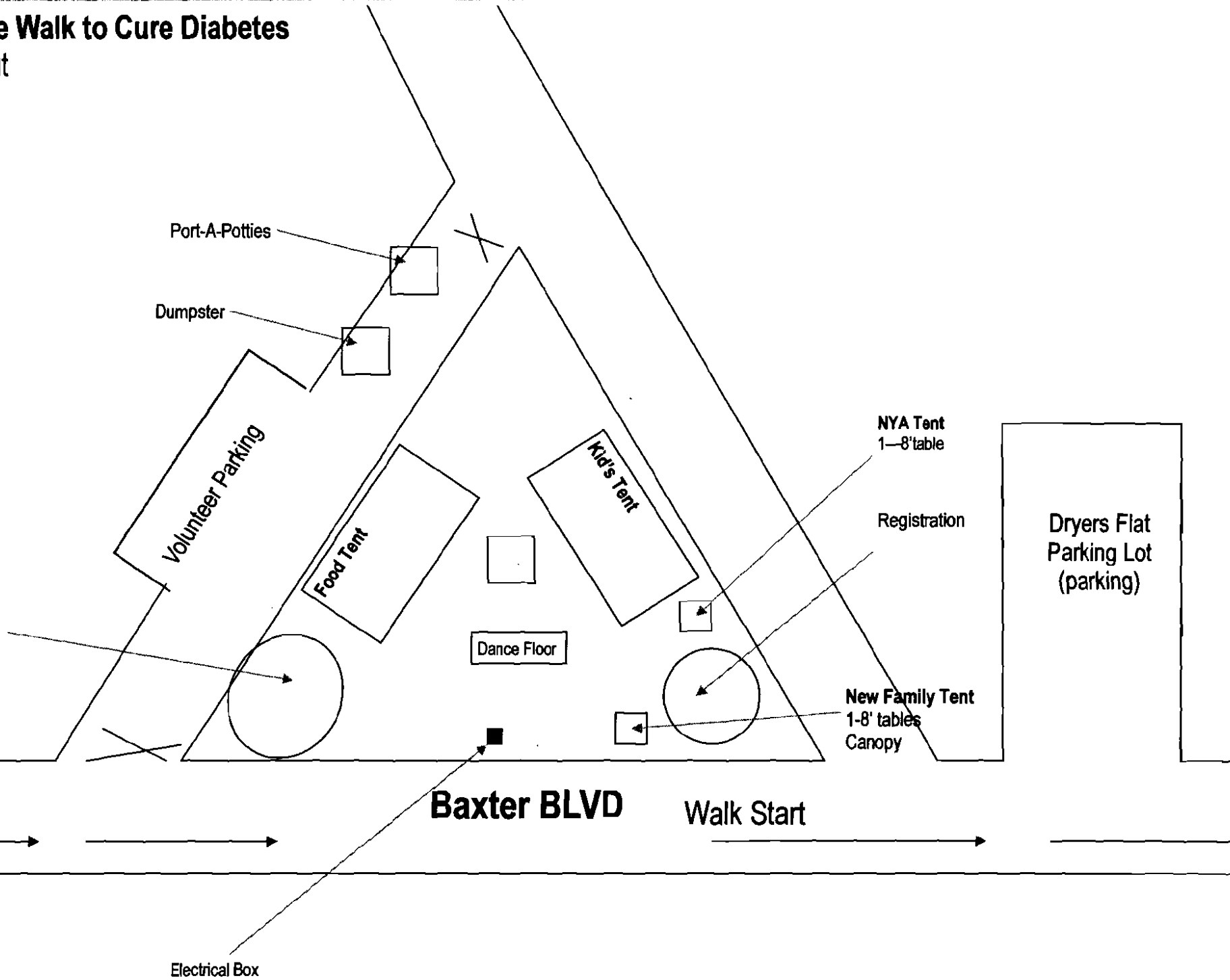
Permit Fee for use of area: \$40 first hr. plus \$35 each additional hr. (i.e. a 3 hour event totals \$110) If your event is rained out / cancelled, the bulk of the fee is returned (however \$40 is non-refundable) Number of Hours of Use: 10	Vest, Barricade, Cone Deposit: \$10 per/item
Electricity: \$5per/hr	Public Space / Park Security Deposit: \$100
Key Deposit: \$50 per key	Other (Porta-Restroom User Fee, etc.)

PLEASE BE SURE AND INITIAL, DATE AND/OR ANSWER ANY HIGH-LIGHTED YELLOW BOXES.

Taylor Rental Center
271-273 Bath Road
Brunswick, ME 04011
207-729-5348

2010 Maine Walk to Cure Diabetes Site Lay-out

- Vendor Village:**
 8—8' tables
 1. Lilly
 2. Novo Nordisk
 3. Omni Pod
 4. EZ Diabetic Supplies
 5. Brid Parker Pouches
 6. Government Relations
 7. Sanofi-Aventis
 8. Medtronic



Electrical Box

Baxter BLVD

Walk Start

**Dryers Flat
 Parking Lot
 (parking)**

**NYA Tent
 1—8' table**

Registration

**New Family Tent
 1-8' tables
 Canopy**

Kid's Tent

Dance Floor

Food Tent

Volunteer Parking

Port-A-Potties

Dumpster

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/9/2010

PRODUCER
Wells Fargo Insurance Services of New York, Inc.
330 Madison Avenue
7th Floor
New York, NY 10017

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
Juvenile Diabetes Research Foundation
& All Authorized Chapters
26 Broadway
New York, NY 10004

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Travelers C&S Co. of America	31194
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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	P6301197C279	12/07/09	12/07/10	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
		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 \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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
SEE SUPPLEMENTAL INFORMATION PAGE ATTACHED.

CERTIFICATE HOLDER

City of Portland
Attn: Ted Musgrave
389 Congress Street, P.O. Box 17796
Portland, ME 04112-7796

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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 *Jean Smith*

DESCRIPTIONS (Continued from Page 1)

JDRF - 2ND PAGE

Type: 2010 JDRF Maine Walk to Cure Diabetes

Location: Payson Park - Portland, Maine

Date: Sunday, September 19, 2010

Time: 7am - 5pm

Certificate Holder is included as Additional Insured - Managers or Lessors of Premises to the extent of JDRF negligence.

JDRF Chapter:

JDRF-New England Chapter-Northern New England Branch

Attn: Lauren Suprenant

175 Ammon Drive, Suite 201

Manchester, NH 03103

lsuprenant@jdrf.org

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.

CITY OF PORTLAND, RECREATION and FACILITIES MANAGEMENT
PUBLIC PARK & SPACE APPLICATION (3 pages)
 134 Congress St. ~ Suite 2 ~Portland ~ ME ~ 04101
 207-756-8275 ~ Fax 207-756-8279
 tvn@portlandmaine.gov

COPY

For uses of city property, there are typically: 1. fees charged for use of the area
 2. a security deposit required 3. insurance required
 (There may be fees due and applications required from other City Departments)

TODAY'S DATE	9-18-09	ORGANIZATION NAME	Juvenile Diabetes Research Foundation				
ORGANIZATION ADDRESS	175 Ammon Drive, Suite 201	CITY	Manchester	STATE	NH	ZIP	03103
CONTACT NAME(S)	Allyssa DeLong Thompson		TITLE	Branch Manager			
HOME #	WORK (603) 222-2300	CELL		FAX	(603) 222-2006		
EMAIL	adelong@jdrf.org		EMAIL				

PARK AREA OR PUBLIC SPACE REQUESTED	Payson Park and Back Cove pathway, 1 st entrance into park closed and Dyer's Flat for parking.				
EVENT DAY & DATE(S)	Sunday, September 19, 2010	RAIN DAY & DATE(S)	N/A		
EVENT START TIME (i.e. set-up start time)	7:00 AM	EVENT END TIME (i.e. when event cleanup is complete)	4:00PM	ACTUAL START & END TIME OF EVENT	10:00 AM to 3:00 PM Walk at 11:00 AM

EVENT NAME	EXPECTED ATTENDANCE
Juvenile Diabetes Research Foundation (JDRF) Walk to Cure Diabetes	1,000

DESCRIPTION OF EVENT: Please be specific regarding area of public space/park and describe Event in detail. If submitting a request for a Road Race (other than around Back Cove and using Back Cove Pathway for the route), please include a detailed MAP of the COURSE (as this will need to be approved by City Departments and the Manager's Office).

A fundraising walkathon to raise money for type 1 diabetes. The Walk starts at 11:00AM around Back Cove pathway. There will be activities set up in the triangle grass area at Payson Park (on Baxter Blvd. side): free food (barbeque), public speakers, musical entertainment. Three 20' x 30' tents will be setup on the grass. Two 10' x 10' canopies. Tables and chairs will be setup on the grass. A PA system for the DJ on site and electricity is required. Two gas grills for the barbeque. The 1st entrance into Payson Park off of Baxter Blvd. will need to be closed to public access (except for event staff and volunteers).

IS THERE A REGISTRATION FEE?	No, walkers receive pledges	
IF YES, HOW MUCH?	FEE	\$
	STUDENT FEE	\$

WHAT WILL BE THE ANTICIPATED NEED FOR PARKING AND WHAT IS YOUR PARKING PLAN? Parking will be at Dyer's Flat parking area and Payson Park parking lots (depending on availability).

PLEASE CHECK OFF AND ANSWER:
 PLEASE SEE ATTACHED FEE SCHEDULE / DEPT. INFORMATION IF YOU ANSWER YES

	X-YES	X-NO	X-NOT SURE
* Are you setting up a canopy(s)? (canopy is 10x10 size) How many: 2 Canopies in large areas (Monument Square, Deering Oaks, Payson Park, Lincoln Park, Preble Street Grass Area), do not need Recreation's review. For smaller parks and squares (such as Congress Square, Tommy's Park, Post Office Park) review and permission is needed from Recreation.	X		
* Do you wish to set up a tent(s)? (a canopy or tent larger than 10x10 needs to be approved by Recreation and a Tent Permit issued from Inspections Division; please call Inspections	X		