

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING PERMIT

Permit Number: 101186
PERMIT ISSUED

This is to certify that CITY OF PORTLAND /Southern Maine Down Syndrome Network
has permission to Buddy Walk (1) 30'x 60' tent Setup and breakdown Sep 26, 2010
AT 427 OCEAN AVE CR# 159 G001001

SEP 29 2010

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 covered-in. 24 HOURS 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. CAPT. R. Santora
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature]
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: 10-1186	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: Southern Maine Down Syndrome Ne	Contractor Address: 17 Dennett Street Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: ROS

Past Use: ROS - Payson Park	Proposed Use: ROS - Payson Park - Buddy Walk (1) 30'x 60' tent Setup and breakdown Sept 26, 2010	Permit Fee:	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: <i>Temp Tent</i> IBC 2003	

Proposed Project Description:
Buddy Walk (1) 30'x 60' tent Setup and breakdown Sept 26, 2010

Signature: *(KG)* Signature: *(Signature)*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
Action: Approved Approved w/Conditions Denied
Signature: Date:

Permit Taken By: Idobson	Date Applied For: 09/23/2010	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 <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: <i>9/23/10</i>	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 Date:	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:
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PERMIT ISSUED

SEP 29 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

810

Received from Anselm Kelly-
 Location of Work Rayson Park

Cost of Construction \$ _____ Building Fee _____

Permit Fee \$ _____ Site Fee _____

Certificate of Occupancy Fee: _____

Total 30

Building (11) _____ Plumbing (15) _____ Electrical (12) _____ Site Plan (12) _____

Other Text

CBL: 59-6-1

Check #: 5410 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

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Business Name:	Contractor Name: Southern Maine Down Syndrome N	Contractor Address: 17 Dennett Street Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Tents	

Proposed Use: ROS - Payson Park - Buddy Walk (1) 30'x 60' tent Setup and breakdown Sept 26, 2010	Proposed Project Description: Buddy Walk (1) 30'x 60' tent Setup and breakdown Sept 26, 2010
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 09/23/2010
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved	Reviewer: Tammy Munson	Approval Date: 09/29/2010
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Fire	Status: Approved with Conditions	Reviewer: Capt Keith Gautreau	Approval Date: 09/28/2010
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.			

Comments:
 9/23/2010-ldobson: I have made 6 documented calls to retrieve the information promised the day the permit was submitted. I am moving this forward. Last message on 09/20/2010, I let Angie (878-5097) know they did not have a valid permit until the certificate of farmability was received.

PERMIT ISSUED

SEP 29 2010

City of Portland



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			
Date of Set up/Event Sept 26, 2010		Date of Breakdown/ End of Event Sept 26, 2010	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 59 G 1	Property Owner: Buddy walk		Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:		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). **A+ Party Rental, Scarborough**
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: **Ansie**
 Address: **59 Bica Run, Portland** Telephone: **855-3977**
04103

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 online at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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: Angela D. Lally	Date: 8/10/10
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This is not a permit; you may not commence ANY work until the permit is issued.

PRODUCER 207.797.4900 FAX 207.874.4069
Coastal Insurance Group LLC
 558 Brighton Avenue
 Portland, ME 04102
 Ralph Merrill

INSURED **Southern Maine Down Syndrome Family Network**
 17 Dennett Street
 Portland, ME 04103

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	NAIC #
INSURER A: New England Excess Exchange, L	
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 INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <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	TBA	09/26/2010	09/27/2010	EACH OCCURRENCE	\$ 500,000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$ 1,000,000
					PRODUCTS - COMP/OP AGG	\$
	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 EA ACC	\$
					AUTO ONLY: 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? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER
					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

**One day event coverage for 9/26/2010
 City of Portland as Additional Insured**

CERTIFICATE HOLDER

City of Portland
 134 Congress St
 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 _____ 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
Ralph Merrill

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).

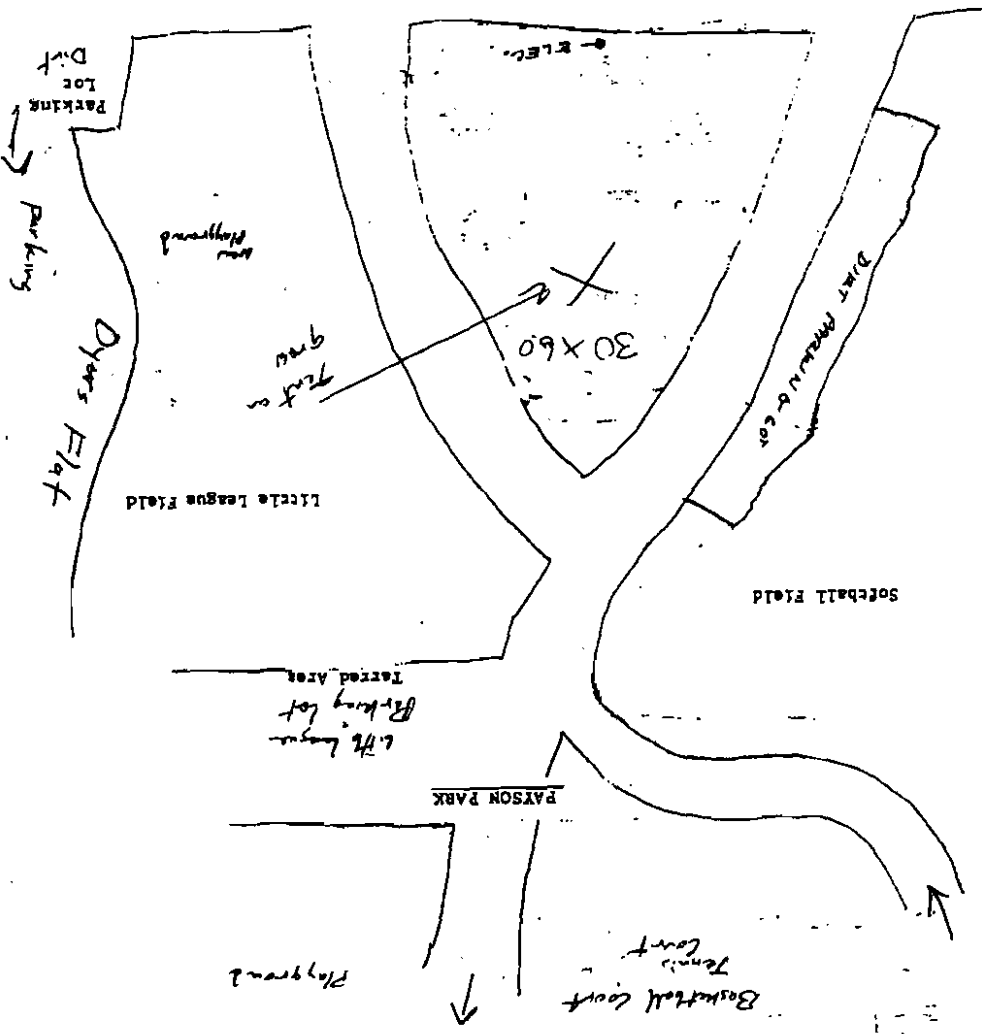
If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

This Certificate of Insurance 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.

BACK COVE

BAXTER BOULEVARD



Parking Lot

Parking

Dyers Field

Little League Field

New playground

grass

30 X 60

Softball Field

Dirt playground

Little League Parking lot

Tanned Area

PAYSON PARK

Playground

Basketball court

Tennis court

Virginia 500-816-8103