

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that Exeter Rent All

Located At 427 OCEAN AVE (PAYSON PARK)

Job ID: 2012-04-3865-SE

CBL: 159- G-001-001

has permission to Temporary Event (Take Steps for Chronn's & Colitis) May 19, 2012.

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 the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

\_\_\_\_\_  
**Fire Prevention Officer**

\_\_\_\_\_  
**Code Enforcement Officer / Plan Reviewer**

05/10/2012

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY  
PENALTY FOR REMOVING THIS CARD

## BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov)

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**
- Setup/ Final

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life* • [www.portlandmaine.gov](http://www.portlandmaine.gov)

Acting Director of Planning and Urban Development  
Gregory Mitchell

Job ID: 2012-04-3865-SE

Located At: 427 OCEAN AVE

CBL: 159- G-001-001

## **Conditions of Approval:**

### **Fire**

1. Installation shall comply with City Code Chapter 10.
2. Tents shall have an approved fire resistant rating and maintain 10' between stake lines. No smoking or open flame allowed within 10'. Provide at least one 2A:10 BC fire extinguisher.

### **Building**

1. This permit DOES NOT authorize any construction activities. The tent(s) must be removed at the end of the event.
2. A separate permit is required for any temporary electrical work.
3. Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

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

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

Job No: 2012-04-3865-SE	Date Applied: 4/27/2012	CBL: 159- G-001-001	
Location of Construction: 427 OCEAN AVE – PAYSON PARK	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST.  PORTLAND, ME 04101	Phone:
Business Name:	Contractor Name: Exeter Rent All	Contractor Address:	Phone:  603-778-9838 ext. 110
Lessee/Buyer's Name: Contact :Allison Lodge	Phone: 646-734-6137	Permit Type: TENTS - Tents	Zone:  ROS
Past Use:  Payson Park	Proposed Use:  Same – Payson Park – Erect five 20' x 20' tents & two 10' x 10' tents for walk for Crohn's & Colitis Foundation of America – Set up & breakdown May 19, 2012	Cost of Work:	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A  Signature: <i>Capt. Home</i>	Inspection: Use Group: Type: Temp. IRC, 8009 Signature: <i>[Signature]</i>
Proposed Project Description: Take Steps for Crohn's & Colitis May 19		Pedestrian Activities District (P.A.D.)	
Permit Taken By:		<b>Zoning Approval</b>	

<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 informatin may invalidate a building permit and stop all work.</p>	<b>Special Zone or Reviews</b>	<b>Zoning Appeal</b>	<b>Historic Preservation</b>
	<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan  <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>OK 4/27/12</i> <i>ABU</i>	<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:	<input checked="" type="checkbox"/> Not in Dist 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>ABU</i>

### 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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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ROS



# 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: <sup>427 Ocean Dr</sup> Payson Park / Portland, ME		
Date of Set up/Event May 19, 2012		Date of Breakdown/ End of Event Same
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# 159      6      7	Property Owner: Portland ME	Telephone: 207-874-8693
Lessee/Buyer's Name (If Applicable) CCFA	Applicant name, address & telephone: 280 Hillside Ave/Needham MA 02494 646-734-6137	Fee: \$30.00 Mailed after

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) ✓ Exeter Rent All / 603-778-9838 ext. 110
4. Plot Plan showing the following: - ted  
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: Ali Lodge  
 Address: 280 Hillside Ave, Needham MA 02494 Telephone: 646-734-6137

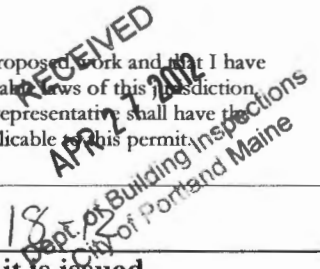
Please submit all of the information outlined in the Tent/Canopy and Event Staging Permit Application as one package. Failure to do so will result in the automatic denial of your permit.

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](http://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:	Date: 4-18
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This is not a permit; you may not commence ANY work until the permit is issued.



# Certificate of Flame Resistance



REGISTERED  
APPLICATION  
CONCERN No.

F-419.01

ISSUED BY  
Academy Tent & Canvas  
5035 Gifford Ave.  
Los Angeles, CA 90058  
(323) 277-8368

Date treated or  
manufactured

4/21/99

This is to certify that the materials described below hereof have been flame retardant treated (or are inherently nonflammable).

FOR THE EXETER RENT ALL ADDRESS 38 PORTSMOUTH AVENUE  
CITY EXETER STATE NH 03833

Certification is hereby made that: (Check "a" or "b")

(a) The articles described below this certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used ..... Chem. Reg. No. ....

Method of application .....

(b) The articles described below hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used .... VINYL ..... Reg. No. ... F-419.01

The Flame Retardant Process Used Will Not Be Removed by Washing  
(will or will not)

David Bradley

Name of Applicator or Production Superintendent

By Tom Shapiro - President

Title

THIS FABRIC WAS USED IN THE MANUFACTURING OF THE FOLLOWING

1EA 30X30 ULTRAWHITE MIDDLE TOP

2EA 10X10 UW 2PC TOPS

1EA 10X5 ULTRAWHITE MIDDLE TOP

1EA 20X10 ULTRAWHITE FEMALE EN

CONTROL 1EA 10X10 ULTRAWHITE MIDDLE TOP

CUSTOMER ORDER NO. \_\_\_\_\_

CUSTOMER INVOICE NO. 35057

YARDS OR QUANTITY 35631

COLOR \_\_\_\_\_

STYLE \_\_\_\_\_

DATE PROCESSED \_\_\_\_\_

\*\*\* ALL MATERIALS ARE CERTIFIED BY THE CALIFORNIA STATE FIRE MARSHAL AND MEET THE REQUIERMENTS OF;NFPA 701 AND UL 214\*\*\*

# Certificate of Flame Resistance



REGISTERED  
FABRIC  
NUMBER

F53501

Issued by

**TOPTEC, INC.**  
1905 N.E. Main Street  
Simpsonville, SC 29681

Date Manufactured

03/03/03

*This is to certify that the materials described  
are inherently flame retardant.*

Name EXETER-RENT-ALL

Address 38 PORTSMOUTH AVE

City EXETER

State NH

Zip 03833

**Certification is hereby made that:**

*The articles described are flame-retardant, approved and registered by the State Fire Marshal and that the fabric is in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal. Fabric has been tested and passes NFPA701-96, CPAI84, ULC109, MVSS302.*

Method of Application: \_\_\_\_\_

Description of item certified: PARTY 20x20 BLACKOUT WHITE

**The Flame Retardant Process Used WILL NOT Be Removed By Washing.**

TOPTEC, INC.

  
Name of Production Superintendent

MODEL TTP202005

SERIAL # 231544B

# Certificate of Flame Resistance



REGISTERED  
FABRIC  
NUMBER

F53501

Issued by

**TOPTEC, INC.**  
1905 N.E. Main Street  
Simpsonville, SC 29681

Date Manufactured

03/13/06

*This is to certify that the materials described  
are inherently flame retardant.*

Name EXETER RENT-ALL

Address 38 PORTSMOUTH AVE

City EXETER

NH

State

03833

Zip

**Certification is hereby made that:**

*The articles described are flame-retardant, approved and registered by the State Fire Marshal and that the fabric is in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal. Fabric has been tested and passes NFPA701-96, CPAI84, ULC109, MVSS302.*

Method of Application: The Flame Retardency of this Fabric is Inherent and Permanent.

Description of item certified: PARTY 20x20 WHITE

**The Flame Retardant Process Used WILL NOT Be Removed By Washing.**

TOPTEC, INC.

Name of Production Superintendent

MODEL TTP202007

SERIAL # 261834B



# Certificate of Flame Resistance



REGISTERED  
FABRIC  
NUMBER

F53501

Issued by

TOPTEC PRODUCTS, LLC

1073 Neely Ferry Road  
Laurens, SC 29360

Date Manufactured

01/11/07

***This is to certify that the materials described  
are inherently flame retardant.***

Name EXETER RENT-ALL

Address 38 PORTSMOUTH AVE

City EXETER

State

NH

Zip

03833

***Certification is hereby made that:***

*The articles described are flame-retardant, approved and registered by the State Fire Marshal and that the fabric is in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal. Fabric has been tested and passes NFPA701-99, ULC214, MVSS302.*

Method of Application: The Flame Retardency of this Fabric is Inherent and Permanent.

Description of item certified: PARTY 20x20 BLACKOUT WHITE

**The Flame Retardant Process Used WILL NOT Be Removed By Washing.**

TOPTEC PRODUCTS, LLC.

Name of Production Superintendent

MODEL TTP202007

SERIAL # 271170B

# Certificate of Flame Resistance



REGISTERED  
FABRIC  
NUMBER

F53501

Issued by

**TOPTEC PRODUCTS, LLC**  
1073 Neely Ferry Road  
Laurens, SC 29360

Date Manufactured

01/11/07

***This is to certify that the materials described  
are inherently flame retardant.***

Name EXETER RENT-ALL

Address 38 PORTSMOUTH AVE

City EXETER

State

NH

Zip

03833

***Certification is hereby made that:***

*The articles described are flame-retardant, approved and registered by the State Fire Marshal and that the fabric is in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal. Fabric has been tested and passes NFPA701-99, ULC214, MVSS302.*

Method of Application: *The Flame Retardency of this Fabric is Inherent and Permanent.*

Description of item certified: PARTY 20x20 BLACKOUT WHITE

**The Flame Retardant Process Used WILL NOT Be Removed By Washing.**

TOPTEC PRODUCTS, LLC.

Name of Production Superintendent

MODEL TTP202007

SERIAL # 271168B

# Certificate of Flame Resistance



REGISTERED  
FABRIC  
NUMBER

31.02

Issued by

**TOPTEC, INC.**  
1905 N.E. Main Street  
Simpsonville, SC 29681

Date Manufactured

2/15/00

*This is to certify that the materials described  
are inherently flame retardant.*

Name EXETER RENT-ALL

Address 38 PORTSMOUTH AVE

City EXETER

State NH

Zip 03833

**Certification is hereby made that:**

*The articles described are flame-retardant, approved and registered by the State Fire Marshal and that the fabric is in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal. Fabric has been tested and passes NFPA701-96, CPAI84, ULC109, MVSS302.*

Method of Application: \_\_\_\_\_

Description of item certified: PARTY 20x20 BLACKOUT WHITE

**The Flame Retardant Process Used WILL NOT Be Removed By Washing.**

TOPTEC, INC.

Name of Production Superintendent

MODEL TTP202005

SERIAL # 201536D

# Certificate of Flame Resistance



REGISTERED  
APPLICATION  
CONCERN No.

**F-419.01**

ISSUED BY  
Academy Tent & Canvas  
5035 Gifford Ave.  
Los Angeles, CA 90058  
(323) 277-8368

Date treated or  
manufactured

**5/25/99**

*This is to certify that the materials described below hereof have been flame retardant treated (or are inherently nonflammable).*

FOR THE EXETER RENT-ALL ADDRESS 38 HAMPTON ROAD  
CITY EXETER STATE NH 03833

**Certification is hereby made that: (Check "a" or "b")**

(a) The articles described below this certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used ..... Chem. Reg. No. ....  
Method of application .....

(b) The articles described below hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used VINYL ..... Reg. No. F-419.01

**The Flame Retardant Process Used <sup>Will Not</sup> Be Removed by Washing**  
(will or will not)

David Bradley

Name of Applicator or Production Superintendent

By Tom Shapiro - President

Title

**THIS FABRIC WAS USED IN THE MANUFACTURING OF THE FOLLOWING**

5ea 7x20 PANORAMA SIDEWALLS  
2EA 10X10 2PC TOP ONLY  
2EA 10X20 MID TOP S ONLY U/W

2EA 12X12 2PC TOP ONLY U/W  
1EA 15X15 2PC TOP ONLY U/W  
1EA 12X6 MID TOP ONLY U/W  
2EA 8X4 U/W 2PC GABLE TOPS  
1EA 8X4 GABLE MID TOPS  
1EA 8X2 U/W GABLE MID TOP

CONTROL NO. \_\_\_\_\_  
CUSTOMER ORDER NO. 33998  
CUSTOMER INVOICE NO. 36128  
YARDS OR QUANTITY \_\_\_\_\_  
COLOR \_\_\_\_\_  
STYLE \_\_\_\_\_  
DATE PROCESSED \_\_\_\_\_

**\*\*\* ALL MATERIALS ARE CERTIFIED BY THE CALIFORNIA STATE FIRE MARSHAL AND MEET THE REQUIERMENTS OF;NFPA 701 AND UL 214\*\*\***

# Certificate of Flame Resistance



REGISTERED  
APPLICATION  
CONCERN No.

F-419.01

ISSUED BY

Academy Tent & Canvas  
5035 Gifford Ave.  
Los Angeles, CA 90058  
(323) 277-8368

Date treated or  
manufactured

4/21/99

*This is to certify that the materials described below hereof have been flame retardant treated (or are inherently nonflammable).*

FOR THE EXETER RENT ALL ADDRESS 38 PORTSMOUTH AVENUE  
CITY EXETER STATE NH 03033

**Certification is hereby made that: (Check "a" or "b")**

(a) The articles described below this certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used ..... Chem. Reg. No. ....

Method of application .....

(b) The articles described below hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used ...VINYL..... Reg. No. ...F-419.01

**The Flame Retardant Process Used <sup>Will Not</sup> Be Removed by Washing**  
(will or will not)

David Bradley

Name of Applicator or Production Superintendent

By Tom Shapiro - President

Title

**THIS FABRIC WAS USED IN THE MANUFACTURING OF THE FOLLOWING**

**1EA 30X30 ULTRAWHITE MIDDLE TOP**

**2EA 10X10 U/W 2PC TOPS**

**1EA 10X5 ULTRAWHITE MIDDLE TOP**

**1EA 20X10 ULTRAWHITE FEMALE EN**

CONTROL **1EA 10X10 ULTRAWHITE MIDDLE TOP**

CUSTOMER ORDER NO. \_\_\_\_\_

CUSTOMER INVOICE NO. 35057

YARDS OR QUANTITY 35631

COLOR \_\_\_\_\_

STYLE \_\_\_\_\_

DATE PROCESSED \_\_\_\_\_

**\*\*\* ALL MATERIALS ARE CERTIFIED BY THE CALIFORNIA STATE FIRE MARSHAL AND MEET THE REQUIERMENTS OF;NFPA 701 AND UL 214\*\*\***



**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

**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)**

<b>TODAY'S DATE</b>	11/16/11	<b>ORGANIZATION NAME</b>	Crohn's & Colitis Foundation of America				
<b>ORGANIZATION ADDRESS</b>	280 Hillside Avenue	<b>CITY</b>	Needham	<b>State</b>	MA	<b>ZIP</b>	02494
<b>CONTACT NAME(S)</b>	Allison Lodge	<b>TITLE</b>					
<b>HOME #</b>		<b>WORK</b>	<b>CELL</b>	646-734-6137	<b>FAX</b>	(781) 449-0325	
<b>EMAIL</b>	alodge@ccfa.org	<b>EMAIL</b>					

<b>PARK AREA OR PUBLIC SPACE REQUESTED</b>	Payson Park Back Cove Pathway 1 <sup>st</sup> Entrance into Park closed to traffic Dyer's Flat for overflow parking				
<b>EVENT DAY &amp; DATE(S)</b>	May 19, 2012 (SAT)	<b>RAIN DAY &amp; DATE(S)</b>	NA		
<b>EVENT START TIME</b> (i.e. set-up start time)	10am	<b>EVENT END TIME</b> (i.e. when event cleanup is complete)	8pm	<b>ACTUAL START &amp; END TIME OF EVENT</b>	4-7pm walk begins at 5pm

EVENT NAME	EXPECTED ATTENDANCE
Take Steps Maine	350

**DESCRIPTION OF EVENT:** Please be specific regarding area of public space/park and describe Event in detail.

Take Steps is a fundraising walk-a-thon which will take place along the Back Cove Pathway. 4 20x20 Tents will be set up in Payson Park (some small canopies too) and participants will check in, eat, and participate in activities at Payson Park until the walk starts at 5:00pm along the Back Cove pathway. Participant will use parking at Payson Park / Dyers Flat.

A dumpster will be placed on the dirt parking lot (off 1<sup>st</sup> entrance). Extra porta-restroom there as well. A Radio Van may be parked there as well.

DJ setup on grass area, and a possible bounce house on grass. Electricity needed. There will be NO BBQ this year.

<b>IS THERE A REGISTRATION FEE?</b>	No walkers receive pledges
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**WHAT WILL BE THE ANTICIPATED NEED FOR PARKING AND WHAT IS YOUR PARKING PLAN?**  
 Yes – participants will park where spaces are available in Payson Park (near baseball fields) and in additional dirt lot next to Payson park

**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 <b>canopy(s)</b> ? (canopy is 10x10 size) How many: 2	X		
Alli Do	Do you wish to set up a <b>tent(s)</b> ? (a canopy or tent larger than 10x10 needs to be approved by Recreation and a Tent Permit issued from Inspections Division; please call Inspections for information on their application process / PLEASE give them at least a 2-week notice). Recreation will contact Inspections once the tent location is approved so that the Tent Permit Application may go forward. State size(s): 2-20x 20 Exact Location(s) of Tent Placement Requested: : Payson Park – grassy area between entrances (Triangle Grass Area) In order to drive tent stakes into the ground, DIG SAFE must be contacted: 888-344-7233.	X		
*	Will you be setting up <b>tables and/or chairs</b> ? How many tables: 35 chairs: 100	X		
*	Are other items or equipment being placed on City property? (i.e. Moon Bounce, Dunk	X		

	Tank, Radio Station Van, Helium Tank, etc.) Please List: <b>Moon Bounce, generator, possibly radio van -TBD</b>			
Ali Do	Will there be refreshments at the event? Yes-water Do you wish to sell food? No (If so, you will need approval from Recreation) List food and drink: Pre-wrapped sandwiches, bananas, and water A Temporary Food Service License (from the City Clerk's Office) is needed, even if food is given away (and even if it is pre-packaged). PLEASE give the Clerk's Office at least a 2-week notice.	X - WATER		
*	Do you wish to sell non-food items (like T-shirts, crafts, cd's, etc.) ?		X	
Ali Do	Are you setting up a PA (sound) system ? Yes Are you planning on having Amplified Music ? Yes If so, your event requires a concert license from the City Clerk's Office. (Just voice – i.e. Press Conference, would not require the license because it is not music). For amplified music/speech, there are time restrictions for the Downtown Parks & Squares (music limited to 11:45am – 1:15pm, and 1 hour between 5pm - 8pm).	X		
*	Will your event require electricity? Electricity is available at some of the parks &	X		
*	Are you planning on bringing a Grill for a Barbecue ?		X	
*	Will the event require reserved parking spaces / parking meters? How many? "No Parking" signs may be purchased at Public Services, 55 Portland Street.			X
*	Will your event need safety vests, signs, barricades and/or cones? Please list what you would like to borrow: A few orange vests and cones may usually be borrowed from Recreation. Barricades and signs are borrowed from Public Services, Customer Service.		X	
*	Will your event require street closures? (Please be specific under "Description of Event")	X – 1 <sup>ST</sup> ENTRANCE INTO PARK		
*	Will your event require Police assistance? An event such as a road race, march in the street, or parade would typically require police assistance.	X		
*	Will your event require Fire/EMS assistance? (For a large walk/race, it is recommended.)		X	
*	Will your event require porta-restroom rental(s) or need existing porta-restrooms cleaned? (Some of the parks already have porta-restrooms. Event participants may use these, but a \$25 fee is assessed for events where attendance is 150 or more.)	X		
*	Do you wish to have a banner over the street to advertise your event ? (Banners hung		X	

#### INSURANCE CERTIFICATE INFORMATION

*	Will your event require liability Insurance? (For an event such as a walkathon, race, festival, press conference, concert, etc., the city requires insurance coverage - general liability. The City of Portland needs to be named as additional insured in regards to the event activities on that date). If your event has been approved for serving food, Product Liability is also required, in addition to General Liability.	X		
◆	If you answered yes, please have "City of Portland, Maine" listed as additional insured on the certificate (minimum coverage: \$400,000) and have your insurance company fax a copy to Recreation: 207-756-8279 or e-mail to: <a href="mailto:tvm@portlandmaine.gov">tvm@portlandmaine.gov</a>			

## RECREATION POLICIES

### ELECTRICITY

All cords in the public way must be covered by rugs, mats or orange cones to avoid public hazard. If weather is inclement (drizzle, rain, snow, etc.) we require that you **not use** electricity, unless all connections and equipment are covered and protected from the elements.

### PORTA-RESTROOMS / BATHROOM FACILITIES

Porta-Restrooms are required for large events and events where food is being served. Some of Portland's parks already have portable restrooms (\*Preble Street Grass Area at the Preble Street Parking Lot – across from Hannafords, \*Entrance to Dyer's Flat – beside Payson Park, \*Deering Oaks Park – near 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, then you need to call the porta-restroom company (United Site Services, 508-594-2616, M-F) to request and pay for a cleaning.

### 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 / SIDEWALKS / ILLEGALLY PARKED VEHICLES

Portland Recreation has a strict policy that prohibits vehicles from parking on grass areas/sidewalks/park streets. \$10 will be deducted from your security deposit for each vehicle parked on grass/sidewalk areas or vehicles parked illegally. 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.

**REVOCALE 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.

<b>I HAVE READ AND UNDERSTAND ALL OF THE ABOVE POLICIES</b>	<b>TYPE INITIALS</b>	CC	DATE	11/17/11
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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.

<b>I have read the Assumption of Risk &amp; Liability Agreement</b>	<b>TYPE INITIALS</b>	CC	DATE	11/17/11
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**CREDIT CARD INFORMATION**

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

**PLEASE MAKE CHECKS PAYABLE TO "CITY OF PORTLAND"**

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

**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: 9	<b>\$ 320 pd</b>	Vest, Barricade, Cone Deposit: \$10 per/item	<b>\$10 ???</b>
Electricity: \$5per/hr	<b>\$ 15 pd</b>	Public Space / Park Security Deposit: \$250	<b>\$250 pd</b>
Key Deposit: \$50 per key	<b>\$na</b>	Other (Porta-Restroom User Fee, etc.)	<b>\$25 pd</b>

**FOR OFFICE USE ONLY**

DATE REC'D APPLICATION	11-28-2011	DATE REC'D INSURANCE	NEED	PERMIT FEE AMT REC'D	<b>\$ 320 pd 15 pd 25 pd</b>	SECURITY DEPOSIT	<b>\$ 250 pd</b>		
<b>PAYMENT TYPE</b>									
VISA	\$	MC	\$	CK #	<b>33809 33865</b>	CK AMOUNT	<b>\$ 360 250</b>	CASH AMT	\$





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/18/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER Fabricant & Fabricant, Inc. 1251 Old Northern Boulevard P.O. Box 9004 Roslyn NY 11576	CONTACT NAME: Judith Higgins	
	PHONE (A/C No. Ext): (516) 621-9000 FAX (A/C No.): (516) 621-0092 E-MAIL ADDRESS: higjud@aol.com	
INSURED Crohn's & Colitis Foundation Of America, Inc. 386 Park Avenue South 17th Floor New York NY 10016	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A Massachusetts Bay Ins (TAG)	22306
	INSURER B Hanover Ins. Co. (TAG)	22292
	INSURER C Hartford Prop & Casualty	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 2011 - 2012 REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		RDY268549103	12/31/2011	12/31/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		RDY268549102	12/31/2011	12/31/2012	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Non-owned \$ 1,000,000
	B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	UHY279172703	12/31/2011	12/31/2012	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC12312011	12/31/2011	12/31/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
City of Portland Maine as additional insured per terms and conditions of the policy as resepcts Take Stpes/Walk-a-thon 05/19/2012 - 4:00 registration

CERTIFICATE HOLDER  Payson Park 134 Congress Street Portland, ME 04101	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Robert Fabricant/JUD



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/29/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

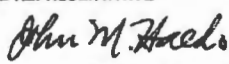
<b>PRODUCER</b> National Insurance Specialists 811 Madison Ave., 10th Floor P.O. Box 1687 Toledo, OH 43603-1687 John M. Haedo	888-489-7165	888-489-7105	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> Exeter Rent-All, Inc. dba Exeter Rent-All & Sail Cloth Tents 38 Portsmouth Ave Exeter, NH 03833	<b>INSURER A :</b> Hartford Fire Insurance Co.		NAIC # 019682
	<b>INSURER B :</b> Hartford Casualty Insurance Co		029424
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>			45UUNQZ0833	04/01/12	04/01/13	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ 10,000
	<b>AUTOMOBILE LIABILITY</b>		<input checked="" type="checkbox"/>				PERSONAL & ADV INJURY \$ 1,000,000
	ANY AUTO ALL OWNED AUTOS HIRED AUTOS						GENERAL AGGREGATE \$ 2,000,000
	SCHEDULED AUTOS NON-OWNED AUTOS						PRODUCTS - COM/POP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			45HHUQZ0881	04/01/12	04/01/13	COMBINED SINGLE LIMIT (Ea accident) \$
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						BODILY INJURY (Per person) \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/>	N/A			BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
B	Inland Marine Equipment Floater			45UUNQZ0833	04/01/12	04/01/13	\$
							EACH OCCURRENCE \$ 1,000,000
							AGGREGATE \$ 1,000,000
							WC STATUTORY LIMITS OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
							Limit 1,500,000
							Deduct 5,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 The Certificate Holder is named additional insured with regard to liability arising out of operations performed by the Named Insured.

<b>CERTIFICATE HOLDER</b>  CROCO07  Crohn's & Colitis Foundation of America 280 Hillside Avenue Needham, MA 02494	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life • [www.portlandmaine.gov](http://www.portlandmaine.gov)*

## Receipts Details:

**Tender Information:** Check , BusinessName: Chrohn's & Colitis , Check Number: 35207  
**Tender Amount:** 30.00

## Receipt Header:

**Cashier Id:** Ldobson  
**Receipt Date:** 4/27/2012  
**Receipt Number:** 43303

## Receipt Details:

Referance ID:	6280	Fee Type:	BP-Tent/Event
Receipt Number:	0	Payment Date:	
Transaction Amount:	30.00	Charge Amount:	30.00
Job ID: Job ID: 2012-04-3865-SE - Take Steps for Chrohn's & Colitis May 19			
Additional Comments: Chrohn's & Colitis			

**Thank You for your Payment!**